5.0413.08 Lice / Bed Bugs

Existing Policy	Recommended Policy
5.0413.08	5.0413.08 Lice / Bed Bugs
COMMUNICABLE DISEASES/LICE Issue Date: 5/8/97	The District nurse shall provide an educational
Control and Treatment of Lice Infestation	flyer addressing prevention, transmission, detection, and the need for treatment of head lice
Typhus (*) Venereal diseases:	for distribution through the schools, as needed.
Chancroid Gonorrhea Granuloma Inguinale Lymphogranuloma Venereum Syphilis	<ul> <li>District or school nurses provide training for parents/guardians and school personnel upon request.</li> <li>School administrators are encouraged to</li> </ul>
Yellow Fever (*) Any sudden or extraordinary occurrence of serious communicable disease must be reported.	collaborate with school nurses and other community organizations in the distribution of information about head lice prevention
All reports made by school personnel are confidential, but full assistance shall be given to attending physicians or public health workers.	and treatment. Intervention and Notification
The Board adopts as policy: Employees shall promptly diagnose and control the spread of lice that occasionally infects Duchesne County students. This control deemed necessary so as to negate the loss of student learning opportunity.	School personnel are authorized to screen individual students for head lice if symptoms are suspected. When the presence of nits or head lice is confirmed on a student, administrators and
The following identification and control procedures are adopted to enable employees to deal effectively with this health hazard:	school nurses shall take appropriate action, which includes, but is not limited to, the following procedures:
Morphology (Features of Lice)	A. If nits (lice eggs) are found (but no head lice):
Peduculus humanus capitis is a 2mm to 3mm long insect that likes to hide behind the ears and on the back of the neck, although it can be found almost anywhere	<ul> <li>Parents will be notified and student(s) will be sent home for treatment.</li> </ul>
in the hair. For nourishment the adult and immature lice feed on human blood by stabbing an opening through the surface of the skin and pouring in saliva to prevent clotting.	<li>ii. Provide the parents/guardians with current information about the treatment of nits and head lice.</li>
Transmission People get head lice from direct contact with others who are infested, wearing infested clothing, using infested	iii. Student(s) may return to school 12 hours after nit treatment begins.

combs and brushes, lying on infested carpets or beds, and from resting the head against upholstered furniture or car sears formerly used by an infected person.

Head lice proliferate rapidly and a mild infestation, if not checked early, can soon grow to large proportions and infest many others. This is especially true in the school environment where close personal contact is common in classrooms, playgrounds and school buses. Lice can be transmitted to anyone; it is not an indication of uncleanliness.

## Diagnosis

Intense itching (pruritus) caused by feeding of the lice, is the major symptom of lice infestation. Reddish papules or tiny bite marks on the neck scalp are also associated. Direct inspection of the hair and scalp is the best way to detect actual presence of the lice and eggs (nits).

Utah Code § 26-6-7 Utah Admin Rule 429-702-7 Utah Admin Rule 429-703-3(7)

## Treatment

If lice is suspected on an individual this should be reported to the principal or school nurse. Either of these two people may then make a determination of lice being present. If lice are confirmed, the student should be released from school with a telephone call to the parent. At this time the parent should be told how to treat the lice: Non-English proficient or non-reading patrons will be provided with translation or oral communication of lice treatment policy. Patrons whose disability prevents normal comprehension of the policy will be provided with adequate interpretation/instruction to make the policy clear.

- 1. All members of the family should be inspected by combing through their head and looking for the live louse or white nits.
- Direct treatment should be with an over-the-counter shampoo or a prescription shampoo received from a physician. Evidence that a pediculicide shampoo was used should be sent back to the school. This can be done by returning the box top or a note from the parent indicating which shampoo was used.
- The U.S. government's Public Health Service also recommends second pediculicide shampoo in 8-10 days. This helps insure complete elimination of lice and nits. Care

iv. Student(s) will be screened upon returning to school and may be screened periodically over the next several weeks.

B. If live lice are confirmed or detected:

i. Parents will be notified and student(s) will be sent home for treatment.

ii. Provide the parents/guardians with current information about the treatment of head lice.

iii. The student may return to school 72 hours after treatment begins if,

- a. upon screening by school personnel, there are no live lice; and
- b. Parents/guardians satisfactorily report the treatment procedures were used properly.

iv. If after 72 hours, there are still live lice, the student is to remain home for treatment until there are no visible lice.

C. Community Notification

i. If only one student has a confirmed case of head lice, and parents are notified, notification of other parents is not necessary.

ii. If between 2 and 4 students from different households have a confirmed case of head lice within a two week period, and parents are notified, parents of other students who closely associate with the infected student(s) may be notified.

iii. If 5 or more students from different households have a confirmed case of head lice within a two week period, and parents are notified, parents of other students in the school may be notified. should be taken not to over treat. The nits may remain for long periods.

- 4. Indirect treatment is combing the hair with a fine tooth comb to help remove the nits.
- 5. After treatment the student should stay home at least one day to make sure that the lice are dead. Hats, scarves, coats and other clothing should be disinfected.
- 6. Bed linen and any articles that might have come in contact with the infested person's head should be disinfected.
- Disinfecting can be done by washing in very hot water or dry cleaning. Combs and brushes should be soaked in a pediculicidial solution. All carpets, upholstery and mattresses should be vacuumed thoroughly.

## **Control Measures**

The following action should be taken by the school:

1. 2.

3.4.

Teachers should report any suspicious cases to the principal or school nurse(s). Severe scratching may indicate a child being inspected for lice.

When a case of head lice is confirmed, the school nurse, classroom teacher or principal should examine all children in the classroom to detect further infestation. If a substantial number of children appear to be infested, all students in the school should be examined.

If even one student in the class has head lice, all coats and hats should be stored separately, (separate hooks for coats and hats) or hanging coats behind chairs and keeping hats at desks.

The principal of the school will determine if a child is free of lice or nits before allowing the child to return to school.

If this health problem becomes more severe the Communicable Disease Policy of this manual is to be followed.

## D. Bed Bugs

1. Preventing Transmission

School nurses, with the help of the administration, shall provide educational information (Administrative Bed Bug Protocol) to parents/guardians and school personnel regarding bed bugs, upon request or as needed.

- 2. Managing Bed Bugs
  - a. Employees shall report a child suspected of being infested with bed bugs to administration immediately.
  - b. If bed bugs are visible on a child or the child's belongings:
    - administrators shall discretely remove the student and the student's belongings from class and attempt to collect a specimen. Belongings will be retained in a plastic bag until the end of the school day or when parents take the student(s) home.
    - ii. Siblings of the student may be screened for bed bugs.
    - iii. Parents will be notified and student(s) will be sent home for treatment.
    - iv. Provide the parents/guardians with current information about the treatment of bed bugs.
    - v. Student may return to school 24 hours after treatment begins if,
      - upon screening of school personnel, there are no bed bugs; and
      - ii. Parents/guardians satisfactorily report the treatment procedures were used properly.

vi. If after <mark>24 hours, there are still bed bugs, the student is to remain home for treatment until there are no visible bed bugs.</mark>
C. Community Notification
<ul> <li>i. If only one student has a confirmed case of bed bugs, and parents are notified, notification of other parents is not necessary.</li> </ul>
ii. If between 2 and 4 students have a confirmed case of bed bugs within a two-week period, and parents are notified, parents of other students who closely associate with the infected student(s) may be notified.
iii. If 5 or more students have a confirmed case of bed bugs within a two-week period, and parents are notified, parents of other students in the school may be notified.