## SCHOOL DISTRICT OF WHITEFISH BAY

1200 EAST FAIRMOUNT AVENUE WHITEFISH BAY, WI 53217 TEL: (414) 963-3924 FAX: (414) 963-3959

Dr. Stacy Gahan Director of Special Education & Pupil Services stacy.gahan@wfbschools.com



Dear Parent(s)/Guardian(s),

The Whitefish Bay School District Pediculosis Protocol was reviewed and revised to include recent evidence-based practices and recommendations. Several stakeholders were involved in this process including medical professionals. While unpleasant, it is unlikely that all head lice infestations can be prevented, as children come into head-to-head contact with each other frequently. Steps can be taken, however, to minimize the spread and effectively treat pediculosis.

The District is committed to an education environment that is free of harassment and discrimination of any form (Board of Education Policy 411.2/511.1). Special care should be taken by all stakeholders to minimize possible stigma that may accompany Pediculosis. Furthermore, District Staff take great care to protect confidentiality of and allow access to student records only as provided by Board of Education Policy and applicable laws (Board of Education Policy 347).

Please find a list of salient points from the Academy of Pediatrics and additional references below as well as the Whitefish School District prior and newly revised protocol. Please contact Ms. Jackie Turkal, Whitefish Bay Village Nurse, with any questions at (414) 963-3989.

Sincerely,

Stacy Gahan Director of Special Education & Pupil Services (414) 963-3924

## Salient Points from the American Academy of Pediatrics

-Lice do not hop or jump; they can only crawl, and pets do not play a role in the transmission of human lice. In most cases, transmission occurs by direct contact. It is prudent for children to be taught not to share personal items, such as combs, brushes, and hats.

-Treatments should never be initiated unless a clear diagnosis of living lice is present. Treatment should be discussed with a physician. Treatments should not be associated with adverse effects and should be reserved for patients on whom living lice are found. The potential for misdiagnosis and the resulting improper use of pediculicides and the emergence of resistance to both available and newer products, many without proof of efficacy or safety, call for increased physician involvement in the diagnosis and treatment.

-Screening for nits alone is not an accurate way of predicting which children are or will become infested, and screening for live lice has not been proven to have a significant effect on the incidence of head lice in a school community over time. Regular surveillance by parents is one way to detect and treat early infestations, thereby preventing the spread to others.

- A child with an active head lice infestation likely has had the infestation for 1 month or more by the time it is discovered and poses little risk to others from the infestation, he or she should remain in class, but be discouraged from close direct head contact with others. The American Academy of Pediatrics and National Nurses Association discourage no-nit policies for return to school.

Prior Protocol	New Protocol
If evidence exists of live lice or nits the following procedure will be followed:	If evidence exists that a student has live lice the following protocol will be followed:
The parent(s)/guardian(s) are notified the same day via telephone and in writing indicating that the child needs to be treated with medicated shampoo and manually have the nits removed. Before the child can be readmitted to their class they need to stop in the clinic to have their head checked.	The parent(s)/guardian(s) will be notified the same day via telephone and in writing to communicate prompt treatment is required.
Any student found to have lice or nits in their hair will be excluded that day to a parent or guardian who will be instructed in the treatment of head lice.	Students found to have live lice will go home at the end of the school day.
The student may return to school the next day after they have received head lice treatment. When checking in at the clinic the health aide will check the student's head to confirm that there are no live lice or nits seen. If the student still has nits and/or live lice they will be sent home.	The student will be re-admitted to school after successful treatment and screening (i.e., no live lice). Students with nits-only should not be sent home from school, they should be monitored for signs of re-infestation.
All classmates of the infested student at the elementary schools will be checked for lice and nits as soon as possible and a note will go home to the parents notifying them about the lice problem in the classroom.	If live lice is present in 2 or more students in the building, a notification will go out to all classrooms within the grade level of the identified students. Classroom screening has not been proven to have a significant effect on the incidence of head lice in a school community over time (Please see Pediatrics Volume 135, number 5, May 2015). School staff, at their discretion, may utilize health room assistance to check for active lice if students are symptomatic.
A thorough cleaning and vacuuming of the affected classroom will be done by the maintenance department upon notification by the teacher.	A thorough cleaning and vacuuming of the affected classroom and other areas potentially impacted will be completed by the maintenance department upon notification by the teacher.

Teachers will be instructed (i.e., by the health aide or Village Nurse) in control measures to be used in the classroom to help control the further spread
of head lice. In addition, staff may provide a brief overview/information about the transmission and
strategies to reduce the spread of lice (e.g., do not
share hats, combs).

## References

1. American Academy of Pediatrics (2015) http://pediatrics.aappublications.org/content/pediatrics/early/2015/04/21/peds.2015-0746.full.pdf

2. Centers for Disease Control and Prevention (CDC, 2016) https://www.cdc.gov/parasites/lice/head/schools.html

3. National Association of School Nurses. (2016). Position *Statement: Pediculosis Management in the School Setting.* Available at:

https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/head-lice-management-in-the-school-setting