



DEPARTMENT OF EDUCATION OFFICE OF THE SUPERINTENDENT

www.gdoe.net

P.O. Box D.E., Hagatña, Guam 96932

Telephone: (671)475-0457 or 300-1547/1536•Fax: (671)472-5001

Email: jonfernandez@gdoe.net



JON J. P. FERNANDEZ

Superintendent of Education

STANDARD OPERATING PROCEDURES

SOP#: 1200- 015

I. SUBJECT: Pediculosis/ Lice Management in the School Setting

II. INQUIRIES: Student Support Services Division

III. EFFECTIVE DATE: ASAP

IV. PURPOSE: To provide guidance in lice and nit management at school

V. REFERENCES:

- A. Board Policy 336 – Student Health Services
- B. Board Policy 336.3 Control of Communicable Disease
- C. Board Policy 411 Attendance and Grading
- D. National Association of School Nurses (NASN) Pediculosis Position Statement
<http://www.nasn.org/Default.aspx?tabid=237>
- E. American Academy of Pediatrics on Head lice
- F. <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;110/3/638>
- G. Harvard School of Public Health
<http://www.hspf.harvard.edu/headlice.html>
- H. Center of Disease Control, Lice
<http://www.cdc.gov/lice>

VI. APPLICABILITY: Department of Education Schools

VII. INTERNAL CONTROL: Deputy Superintendent of Educational Support and

Learning

VIII. TRAINING: All School Health Counselors (SHCs) are responsible for disseminating educational material on head lice, nit combing, and treatment to school staff and parents/guardians.

XI. REPORTS: The SHC shall submit a monthly report to the Community Health & Nursing Services Administrator (CH&NSA) with the amount of lice infestations per month and the amount of students excluded from school that was seen in the nursing office. The Student Support Services Division Administrator shall submit a monthly report to the Superintendent of Education.

X. PENALTY: Failure to adhere to this SOP may result in disciplinary actions in accordance with the DOE Personnel Rules & Regulations.

IX. EFFECTIVE DATE: This SOP is effective upon date of approval and signature.

IX. CHANGE(s): Changes to this policy shall be effectuated by the Superintendent of Education.

IIIX. PROCEDURE:

1. Head lice checks will be performed as needed for individual students
2. School Health Counselor (SHC) and trained nursing office staff will perform the head lice check
3. All students infested with live lice shall be sent home at the end of the day and may return once appropriate treatment has been initiated, and or at the discretion of the SHC. The student shall not return to school until live lice are no longer present.
4. The following schedule will be instituted if a head lice infestation is suspected:
 - i. **First Infestation**
 - a. Any student detected with live head lice can go home at the end of the day. The nursing office staff will send treatment information home with the student. The student may return to school after treatment and will be re-examined by the SHC for live lice, and if louse-free admitted to the class.
 - b. If only nits are present, the student will remain in class, and be re-checked in seven to ten days.
 - c. SHC/designee will complete the Head Lice/Nit Tracking Log and Follow-up Tickler.

ii. Second Inspection

- a. If student has returned after treatment and live lice are still present, parents will be contacted and student will be excluded until all live lice have been removed.
- b. If only nits are present at this inspection, the student will be re-checked by school staff in seven to ten days.
- c. SHC/designee will complete the Head Lice/Nit Tracking Log and Follow-up Tickler
- d. Referral should be initiated for the Parent-Family- Community Outreach Program (PFCOP) team by the SHC/designee to reinforce the educational support after second episode of live lice.
- e. Primary language of the family will be assessed by the PFCOP team.

iii. Second Infestation

- a. If student has returned after treatment and live lice are still present, parents will be contacted and student will be excluded until all live lice have been removed.
- b. If no live lice are found at this inspection the student will not be checked again unless another episode of infestation is reported.
- c. Referral should be made to DPHSS or Healthcare Provider for prescribed treatment.
- d. School staff monitoring attendance at school will follow established attendance policies and procedures.
- e. SHC/designee will complete the Head Lice/Nit Tracking Log and Follow-up Tickler
- f. If after second infestation (PFCOP team did home visit and referral was made to DPHSS/ private Healthcare Provider for treatment) and student still have live lice and unexcused absence the SHC and/or Administrator can make a referral to Child Protective Services (CPS) for medical neglect.

iv. Chronic or frequent reoccurrence

- a. A case is defined as chronic/recurrent for the purpose of this SOP
- b. When a student has had three or more occurrences, or has missed more than 10 days in a three month period, regardless of the number of schools the child attended.
- c. Upon identifying a chronic case, please ensure at least three documented contacts with the parent/guardian on file.
- d. SHC and/or Administrator may initiate a referral to Child Protective Services (CPS) using the appropriate mandated suspected abuse/neglect report form
- e. Referrals must be made via telephone using the numbers provided

- f. Within forty eight hours of telephonic report, the written report must be submitted to CPS.
5. It is the parent's/ guardians responsibility to ensure approved treatment has been initiated and the appropriate environmental cleaning is being conducted in the home.
6. Department of Education will provide educational resources to ensure that the parents/ guardians are able to comply with and understand their responsibilities under this policy.
7. At least once a year, all schools will communicate with families regarding prevention and treatment of head lice. In the event that three or more unrelated cases of live lice are diagnosed at a school within a two-week period, a letter will be sent home to parents of all students at the school.
8. Parents may not request a head lice check on another student in school.

() APPROVED () DISAPPROVED

Jon J. P. Fernandez

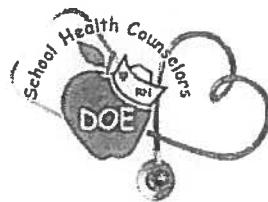
JON J. P. FERNANDEZ
Superintendent of Education

7/01/13

(Date)

Appendices List:

- Appendix A: Head Lice Notification**
- Appendix B: Head Lice Fact Sheet for Parents (NASN)**
- Appendix C: Head Lice Fact Sheet for School Health Counselors (NASN)**
- Appendix D: Lice/Nit Follow- up Check Tickler**
- Appendix E: Head Lice/Nit Tracking Log**
- Appendix F: Head Lice Flow Chart**



Head Lice/ Pediculosis Notification

School:	Date:	
Student Name:	DOB:	Grade:
<i>Your child was screened at school today for head lice.</i>		
Live lice were discovered	<i>Nits (eggs) were discovered</i>	

The Department of Education (DOE) Policy states that:

1. If live lice are found, treatment is indicated. Students are excluded from school until they are live lice free. After your child has been treated for head lice, they may return to school. Please bring your student to the nursing office upon return to school for re-examination by the School Health Counselor (SHC)
2. Please continue with examination and removal of nits (using a fine-toothed comb or by hand) on a daily basis until the hair is nit free. **Check daily for 2-3 weeks.**

What are they? Head lice are small parasitic insects that live on the human scalp and feeds on blood. They are a nuisance, but not a medical emergency. Head lice hatch from small eggs (nits) that are attached, with a cement-like substance, to the shaft of individual hairs. Eggs hatch in about 10- 14 days. Once hatched the head lice matures in less than 2 weeks.

MANAGEMENT:

- If one person in the family has head lice, all members of the household and other close contacts should be checked.
- Evidence of live lice should be treated
- Thoroughly wash all hairbrushes, combs, and picks in hot , soapy water
- Wash all bedding, clothing, hats, toys, etc. that the child has used, in hot water
- Lice and eggs are killed by exposure for 5 minutes to temperatures greater than 53.5 degrees Celsius (128.3 F)
- Use over the counter (OTC) or prescription medication (pediculocides) that kill head lice and nits. **Use exactly according to instructions.**
- Remove the nits by combing them out with a special fine-tooth comb. Nits do not wash out.
- Vacuuming furniture and floors can remove an infested person's hair that might have viable nits attached.

School Health Counselor:	Contact Number:
--------------------------	-----------------

Head Lice 101

What You Should Know About Head Lice

Lice LESSONS

Overview

Head lice are a common community problem. An estimated 6 to 12 million infestations occur each year in the United States, most commonly among children ages 3 to 11 years old. Children attending preschool or elementary school, and those who live with them, are the most commonly affected.¹

Head lice are not dangerous.¹ They do not transmit disease, but they do spread easily, making it a community issue.¹ Additionally, despite what you might have heard, head lice often infest people with good hygiene and grooming habits.^{2,3} Your family, friends or community may experience head lice. It's important to know some basics, including how to recognize symptoms and what to do if faced with an infestation.

What Are Head Lice?

Head lice are tiny, wingless insects that live close to the human scalp. They feed on human blood.¹ An adult louse is the size of a sesame seed. Baby lice, or nymphs, are even smaller. Nits are the tiny, teardrop-shaped lice eggs. They attach to the hair shaft, often found around the nape of the neck or the ears. Nits can look similar to dandruff, but cannot be easily removed or brushed off.¹

Fast Facts

- An estimated 6 to 12 million infestations occur each year among U.S. children 3 to 11 years of age¹
- Head lice often infest people with good hygiene^{2,3}
- Head lice move by crawling; they cannot jump or fly¹
- Head lice do not transmit disease, but they do spread easily¹
- If you or your child exhibits signs of an infestation, it is important to talk to your doctor to learn about treatment options

How Are Head Lice Spread?

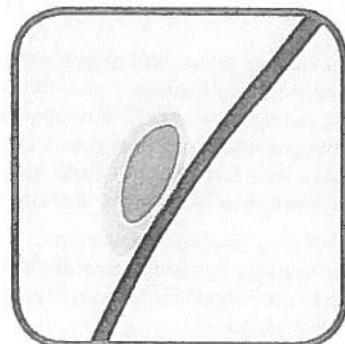
- Head lice move by crawling and cannot jump or fly.¹
- Head lice are mostly spread by direct head-to-head contact – for example, during play at home or school, slumber parties, sports activities or camp.¹
- It is possible, but not common, to spread head lice by contact with items that have been in contact with a person with head lice, such as clothing, hats, scarves or coats, or other personal items, such as combs, brushes or towels.¹
- Head lice transmission can occur at home, school or in the community.¹

What Are the Signs & Symptoms of Infestation?

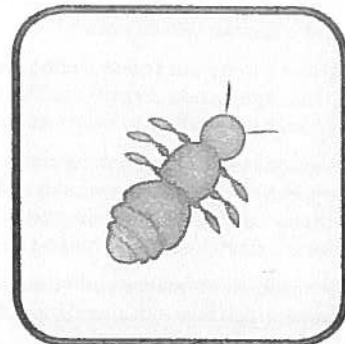
Signs and symptoms of infestation include¹:

- Tickling feeling on the scalp or in the hair
- Itching (caused by the bites of the louse)
- Irritability and difficulty sleeping (lice are more active in the dark)
- Sores on the head (caused by scratching, which can sometimes become infected)

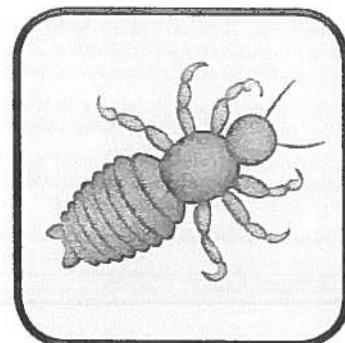
Finding a live nymph or adult louse on the scalp or in the hair is an indication of an active infestation. They are most commonly found behind the ears and near the neckline at the back of the head.¹



NIT



Nymph



Full-Grown Louse

Head Lice 101

What You Should Know About Head Lice



LESSONS

What If My Child Gets Head Lice?

If you suspect your child might have head lice, it's important to talk to a school nurse, pediatrician or family physician to get appropriate care. There are a number of available treatments, including new prescription treatment options that are safe and do not require nit combing. Other things to consider in selecting and starting treatment include:

- Follow treatment instructions. Using extra amounts or multiple applications of the same medication is not recommended, unless directed by healthcare professional.⁵
- Resistance to some over-the-counter head lice treatments has been reported. The prevalence of resistance is not known.^{6,7}
- There is no scientific evidence that home remedies are effective treatments.⁸
- Head lice do not infest the house. However, family bed linens and recently used clothes, hats and towels should be washed in very hot water.¹
- Personal articles, such as combs, brushes and hair clips, should also be washed in hot soapy water or thrown away if they were exposed to the persons with active head lice infestation.¹

All household members and other close contacts should be checked, and those with evidence of an active infestation should also be treated at the same time.¹

References

- 1 Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head Lice: Frequently Asked Questions. http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html. Accessed October 12, 2012.
- 2 Meinking T, Taplin D, Vicaria M. Infestations. In: Schachner LA, Hansen RC, eds. *Pediatric Dermatology*. 4th ed. Mosby Elsevier; 2011:1525-1583.
- 3 Centers for Disease Control and Prevention (CDC). Parasites: Head lice: Epidemiology And Risk Factors. <http://www.cdc.gov/parasites/lice/head/epi.html>. Accessed June 30, 2012.
- 4 Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head Lice: Diagnosis. <http://www.cdc.gov/parasites/lice/head/diagnosis.html>. Accessed January 27, 2012.

Myths & Facts About Head Lice

Myth: Only dirty people get head lice.

Fact: Personal hygiene or household or school cleanliness are not factors for infestation. In fact, head lice often infest people with good hygiene and grooming habits.^{2,3}

Myth: Head lice carry diseases.

Fact: Head Lice do not spread diseases.¹

Myth: Head lice can be spread by sharing hairbrushes, hats, clothes and other personal items.

Fact: It is uncommon to spread head lice by contact with clothing or other personal items, such as combs, brushes or hair accessories, that have been in contact with a person with head lice.¹

Myth: Head lice can jump or fly, and can live anywhere.

Fact: Head lice cannot jump or fly, and only move by crawling. It is unlikely to find head lice living on objects like helmets or hats because they have feet that are specifically designed to grasp on to the hair shaft of humans. Additionally, a louse can only live for a few hours off the head.¹

Myth: You can use home remedies like mayonnaise to get rid of head lice.

Fact: There is no scientific evidence that home remedies are effective treatments.⁸ A healthcare provider can discuss appropriate treatment options, including prescription products.

⁵ Centers for Disease Control and Prevention (CDC). Head lice: Treatment. <http://www.cdc.gov/parasites/lice/head/treatment.html>. Accessed October 12, 2012.

⁶ Burkhardt CG. Relationship of treatment resistant head lice to the safety and efficacy of pediculicides. *Mayo Clin Proc*. 2004;79(5):661- 666.

⁷ Meinking TL, Serrano L, Hard B, et al. Comparative in vitro pediculicidal efficacy of treatments in a resistant head lice population in the US. *Arch Dermatol*. 2002;138(2):220-224.

⁸ Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head lice: Treatment Frequently Asked Questions. http://www.cdc.gov/parasites/lice/head/gen_info/faqs_treat.html. Accessed October 18, 2012.

Head Lice 101

An Overview for School Nurses

Lice LESSONS

Overview

Head lice (*Pediculus humanus capitis*) are a common community problem. An estimated 6 to 12 million lice infestations occur each year in the United States, most commonly among children ages 3 to 11 years old. Live lice feed on human blood and live close to the human scalp. They are not dangerous and do not transmit disease, but they do spread easily.¹

Signs & Symptoms of Infestation

Signs and symptoms of infestation include¹:

- Tickling feeling on the scalp or in the hair
- Itching (caused by the bites of the louse)
- Irritability and difficulty sleeping (lice are more active in the dark)
- Sores on the head (caused by scratching, which can sometimes become infected)

When checking a student for head lice, you may see several forms: the egg, the nymph and the adult louse. The eggs, also called nits, are tiny, teardrop-shaped eggs that attach to the hair shaft. Nits often appear yellowish or white, and can look like dandruff but cannot be removed or brushed off. The nymph, or baby louse, is smaller and grows to adult size in one to two weeks. The adult louse is the size of a sesame seed and appears tan to grayish-white.¹

Finding a live nymph or adult louse on the scalp or in the hair – most commonly behind the ears and near the neckline at the back of the head – is an indication of an active infestation.²

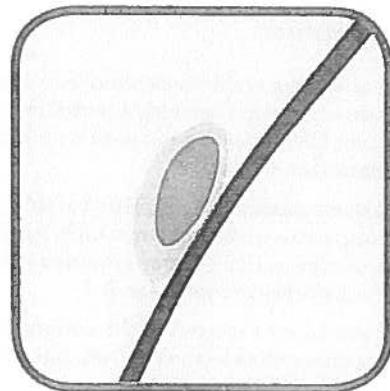
Fast Facts

- An estimated 6 to 12 million infestations occur each year among U.S. children 3 to 11 years of age¹
- Head lice are most common among children attending child care or elementary school, and the household members of infested children¹
- Head lice move by crawling; they cannot jump or fly¹
- Head lice do not transmit disease, but they do spread easily¹

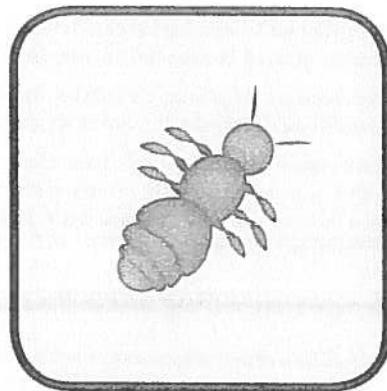
Risk Factors & Transmission

Head lice often infest people with good hygiene and grooming habits.^{1,4} Children attending preschool or elementary school, and those who live with them, are the most commonly affected.¹

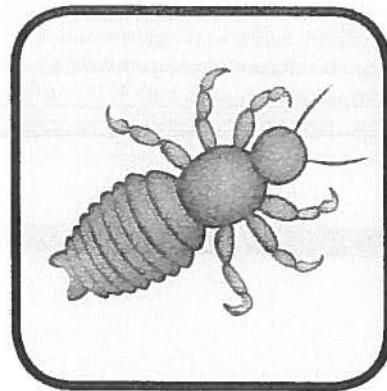
Head lice are wingless insects that cannot jump or fly. They move by crawling, and are most often spread by direct head-to-head contact. It is also possible, but uncommon, to spread head lice by contact with clothing (such as hats, scarves, coats) or other personal items (such as combs, brushes or towels).¹



NIT



Nymph



Full-Grown Louse

Head Lice 101

An Overview for School Nurses

Lice LESSONS

Treatment

If you suspect a child has head lice, it's important to encourage consultation with a pediatrician or family physician for proper care as soon as possible. Key treatment considerations include:

- Parents should closely follow treatment instructions. Using extra amounts or multiple applications of the same medication is not recommended, unless directed by a healthcare professional.⁵
- Resistance to some over-the-counter (OTC) head lice treatments has been reported, but the prevalence of resistance is not known.^{6,7}
- There are new prescription treatment options available that are safe and do not require nit combing. You may want to remove nits for aesthetic reasons.
- There is no scientific evidence that home remedies are effective treatments.⁸
- Family bed linens and recently used clothes, hats and towels should be washed in very hot water.⁵
- Personal articles such as combs, brushes and hair clips should also be washed in hot soapy water or thrown away.⁵

All household members and other close contacts should be checked, and anyone with evidence of an active infestation should be treated. All persons with active head lice should be treated at the same time.⁵

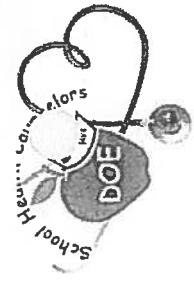
Communicating with Families

- Head lice infestations can have a considerable psychological impact on children and parents, who may feel stigmatized and ostracized.^{9,10}
- School nurses can help by establishing supportive relationships, prevent stigmatization in the community, maintain privacy and confidentiality, and provide ongoing support and reassurance.^{11,12,13,14}
- Head lice education and resources are essential to helping correct misinformation and misperceptions. Such information can educate parents on all available treatment options, both OTC and prescription products.

References

- 1 Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head Lice: Frequently Asked Questions. http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html. Accessed October 12, 2012.
- 2 Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head Lice: Diagnosis. <http://www.cdc.gov/parasites/lice/head/diagnosis.html>. Accessed January 27, 2012.
- 3 Meinking T, Taplin D, Vicaria M. Infestations. In: Schachner LA, Hansen RC, eds. Pediatric Dermatology. 4th ed. Mosby Elsevier; 2011:1525-1583.
- 4 Centers for Disease Control and Prevention (CDC). Parasites: Head lice: Epidemiology And Risk Factors. <http://www.cdc.gov/parasites/lice/head/epi.html>. Accessed June 30, 2012.
- 5 Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head lice: Treatment. <http://www.cdc.gov/parasites/lice/head/treatment.html>. Accessed October 12, 2012.
- 6 Burkhardt CG. Relationship of treatment resistant head lice to the safety and efficacy of pediculicides. *Mayo Clin Proc*. 2001;79(5):661-666.
- 7 Meinking TL, Serrano L, Hard B, et al. Comparative in vitro pediculicidal efficacy of treatments in a resistant head lice population on the US. *Arch Dermatol*. 2002;138 (2):220-221.
- 8 Centers for Disease Control and Prevention (CDC). Parasites: Lice: Head lice: Treatment Frequently Asked Questions. http://www.cdc.gov/parasites/lice/head/gen_info/faqs_treat.html. Accessed October 18, 2012.
- 9 Parison J, Canyon DV. Head lice and the impact of knowledge, attitudes and practices – a social science overview. In: Management and Control of Head Lice Infestations. UNI-MED, Bremen, Germany, 2010:103-109.
- 10 Gordon SC. Shared vulnerability: a theory of caring for children with persistent head lice. *J Sch Nurs*. 2007;23(5):283-292.
- 11 Gordon S. Management of head lice in school settings. Presented at the Florida Association of School Nurses conference, Orlando, FL, February 7, 2009.
- 12 National Association of School Nurses. Pediculosis management in the school setting. Position statement. January 2011. <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/162/smid/821/ArticleID/10/Default.aspx>. Accessed July 8, 2012.
- 13 Schoessler SZ. Treating and managing head lice: the school nurse perspective. *Am J Manag Care*. 2004;10(suppl 9):S273-S276.
- 14 Frankowski BL, Bocchini JA, Jr, Council on School Health and Committee on Infectious Diseases, American Academy of Pediatrics. Clinical report – head lice. *Pediatrics*. 2010;126(2):392-403.

Head Lice/Nit Tracking Log



Student Name: _____

DOB: _____

School: _____ SY: _____

Row A: N=Nits L=Lice C=Clear A=Absent X=No School
 Row B: P=Parent notified by phone/letter R=Referred to DPHSS S=Referral to School Social Worker

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug	A																														
	B																														
Sept	A																														
	B																														
Oct	A																														
	B																														
Nov	A																														
	B																														
Dec	A																														
	B																														
Jan	A																														
	B																														
Feb	A																														
	B																														
Mar	A																														
	B																														
Apr	A																														
	B																														
May	A																														
	B																														
Jun	A																														
	B																														



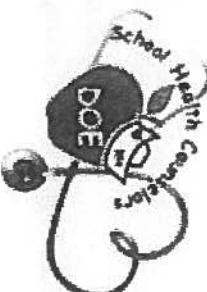
Lice/Nit Follow-up Check Tickler



School Name: _____

Appendix: D

Managing Student with Head Lice



Live Lice and Nits

Student Sent Home at End of Day.
Head Lice Treatment Information
Sent Home with Student

No Lice or Nits

Return to Class

Nits Only

Student Sent Home at End of Day.
Head Lice Treatment Information
Sent Home with Student

Student Sent Home at End of Day.
Head Lice Treatment Information
Sent Home with Student

Live Lice
Found

No Live Lice,
Nits Only

Return Home with Parent

Live Lice Found on Recheck.
Go to Active Lice Section.

Student Sent Home at End of Day.
Head Lice Treatment Information
Sent Home with Student

Student Sent Home at End of Day.
Head Lice Treatment Information
Sent Home with Student

Live Lice
Found

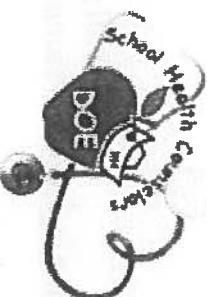
No Live Lice,
Nits Only

Student May Return to Class. Recheck in
One Week. Live Lice Found, Student
Excluded from School Until Lice Free.

*Must Be Lice Free to Return to School

- Advise Parent after Two Treatment failures to Use Different Product
- Referral to DPHSS for FREE prescribed treatment.

Managing Student with Head Lice



Live Lice and Nits

Student Sent Home at End of Day.
Head Lice Treatment, Information
Sent Home with Student

No Lice or Nits

Return to Class

Nits Only

Student Sent Home at End of Day.
Head Lice Treatment, Information
Sent Home with Student

Return Home with Parent

Live Lice Found on Recheck.
Go to Active Lice Section.

No Live Lice Found on Recheck.
May Return to Class.
No Further Routine Checks.

Live Lice Found
No Live Lice, Nits Only

Nits Only Found on Recheck.
May Return to Class.
Recheck in One Week, (7-10 Days)
*Level of Improvement

*Must Be Lice Free to Return to School

- Advise Parent after Two Treatment failures to Use Different Product
- Referral to DPHSS for FREE prescribed treatment.