

YORK CATHOLIC DISTRICT SCHOOL BOARD



BOARD POLICY	
<i>Policy Section</i> Students	<i>Policy Number</i> 210
<i>Former Policy #</i>	<i>Page</i> 1 of 3
<i>Original Approved Date</i>	<i>Subsequent Approval Dates</i>
April 25th, 1989	November 1996 January 2005 February 9th, 2010 November 23rd, 2010 April 23, 2013 March 29, 2016

POLICY TITLE: PEDICULOSIS (HEAD LICE)

SECTION A

1. **PURPOSE**

The York Catholic District School Board recognizes concerns related to pediculosis (head lice) at the school, community, and regional level. The Board also recognizes that the Ministry of Health does not designate pediculosis (head lice) as a communicable disease, and as such, it is not considered a health hazard to the community.

The purpose of this policy is to provide assistance and direction to Board staff, parents, and students, when dealing with pediculosis (head lice).

2. **POLICY STATEMENT**

It is the policy of the York Catholic District School Board to assist staff, parents, and students in the identification, treatment, and prevention of pediculosis (head lice).

3. **PARAMETERS**

- 3.1 When responding to cases of pediculosis (head lice), staff shall ensure that the dignity, well-being and privacy of the student is given the highest priority.
- 3.2 The procedures, an addendum to this policy, shall be implemented when addressing cases of pediculosis (head lice).
- 3.3 Students will be readmitted to school once treatment has been administered and confirmed by the parent as outlined in the procedures, an addendum to this policy, if the child is under the age of eighteen (18) years of age.
- 3.4 Students eighteen (18) years of age and over will be readmitted to school once treatment has been administered and confirmed by the student as outlined in the procedures, an addendum to this policy.

4. RESPONSIBILITIES

4.1 Director of Education

4.1.1 To oversee compliance with the Pediculosis (Head Lice) policy.

4.2 Superintendents of Education

4.2.1 To support Principals with the implementation of the Pediculosis (Head Lice) policy and accompanying procedures.

4.3 Principal

4.3.1 To review the Pediculosis (Head Lice) policy and accompanying procedures with staff and the Catholic School Council at the beginning of each school year.

4.3.2 To communicate to parents, on an annual basis, information on the identification, treatment and prevention of pediculosis (head lice).

4.3.3 To provide leadership in the school community to ensure that cases of pediculosis (head lice) are given the highest priority, and are handled in an expeditious and effective manner while ensuring the dignity and well-being of the individual student.

4.4 Staff

4.4.1 To report any suspected cases of pediculosis (head lice) to the Principal.

4.4.2 To take all reasonable precautions to prevent pediculosis (head lice) through the practice of avoidance measures such as **no** head-to-head contact, and **no** sharing of combs, hairbrushes, caps, hats or hair ornaments.

4.5 Parents/Guardians

4.5.1 To check their child's head for signs of pediculosis (head lice) on a regular basis but, specifically when the school has notified parents/guardians of a case of pediculosis (head lice) or if their child may have come into contact with pediculosis (head lice).

4.5.2 To report any suspected cases of pediculosis (head lice) to the Principal.

4.5.3 To treat their child with pediculosis (head lice) in accordance with the parameters and procedures of this policy.

4.5.4 To submit the signed "Pediculosis Treatment Form", upon their child's return to school, to confirm with the Principal that the treatment of pediculosis (head lice) has been administered and to identify the type of treatment and the date treatment was administered.

4.5.5 To review with their child pediculosis (head lice) avoidance measures such as **no** head-to-head contact, and **no** sharing of combs, hairbrushes, caps, hats or hair ornaments.

4.6 Students

4.6.1 To report to their Parent/Guardian immediately if they display any signs or symptoms of pediculosis (head lice) or suspect they have come into contact with pediculosis (head lice).

4.6.2 To practice pediculosis (head lice) avoidance measures such as **no** head-to-head contact, and **no** sharing of combs, hairbrushes, caps, hats or hair ornaments.

4.6.3 To submit the signed "Pediculosis Treatment Form", if eighteen (18) years of age or over, upon return to school, confirming with the Principal that the treatment of pediculosis (head lice) has been administered and to

identify the type of treatment and the date treatment was administered.

5. DEFINITIONS

5.1 Pediculosis (Head Lice)

Pediculosis (head lice) are tiny insects that live on the scalp, where they lay their eggs. Head lice do not spread disease. Head lice have three (3) stages – the egg (nit), the nymph and the adult.

5.1.1 The egg (nit): Whitish-grey, tan or yellow ovals, approximately the size of a grain of sand that stick to the hair close to the scalp and can look like dandruff. Eggs (nits) hatch in 9 to 10 days.

5.1.2 Nymphs are baby lice. They look like adult lice but are smaller.

5.1.3 Adult Lice are approximately the size of a sesame seed and are difficult to see. Adult lice can live for up to 30 days on a person's head, but they die within 3 days away from the scalp.

Approval by Board	March 29, 2016 _____
	Date
Effective Date	March 30, 2016 _____
	Date
Revision Dates	March 29, 2016 _____
	Date
Review Date	March 2021 _____
	Date