



Recommended Head Lice Management

INFORMATION FOR SCHOOLS, FAMILIES, AND INDIVIDUALS

UPDATED FEBRUARY 2022

10-405-6167 (IND 02/22)



Table of Contents

- Table of Contents.....3
- Introduction..... 4
- Northern Health Position Statement..... 4
- What Parent(s)/Guardian(s) Can Do..... 5
- What the School Can Do..... 6
- What the Primary Care Nurse Can Do..... 6
- Head Lice Facts..... 7
- Myths and Facts About Head Lice..... 8
- Option A: Wet Combing..... 10
- Option B: Head Lice Spray..... 11
- Option C: Head Lice Shampoo and Rinse..... 12
- Not Recommended..... 13
- When Treatment Doesn't Work..... 14
- A Word on Combs..... 16
- Educational Support..... 16
- References..... 17
- Appendix A: Letter Templates..... 18
- Appendix B: Preventing/controlling Head Lice in the Classroom..... 20
- Appendix C: Revision History..... 21
- Notes..... 22

Introduction

Head lice can affect anyone. Head lice are annoying and may cause itching, but they do not transmit or cause disease. How adults, teens and children react to head lice can subject children to teasing, bullying and isolation. Reactions to head lice can significantly interfere with a child's emotional well-being, social status in the classroom and ability to learn. For these reasons, head lice infestations should be treated, and sensitivity applied in all situations.

Current research shows that school exclusion, early dismissal and no-nit policies do not prevent or control head lice infestations. In fact, these practices further stigmatize children, erode their self-esteem and interfere with learning. No-nit policies in schools are discouraged by both the Canadian Paediatric Society and American Academy of Pediatrics

Northern Health Position Statement

Northern Health does not support school exclusion, early dismissal and no-nit policies as these disrupt the education process and adversely affect children's self-esteem.

Due to frequent misdiagnosis and over diagnosis of head lice, school screening teams are not encouraged.

RATIONALE

Lice may be present on the scalp for weeks before they are discovered. Only 30 percent of individuals scratch their scalp when they have head lice. As children are often in the school for days or weeks before head lice are detected, there is no benefit in sending them home early.

Head lice infestations are often misdiagnosed. The presence of fluff or dandruff in the hair is often mistaken for nits. Also, the presence of nits does not mean a child has an active infestation. It is difficult to differentiate between nits and empty egg casings. Even under ideal conditions, 10-30% of nits do not hatch.

Head lice are frequently over diagnosed, which leads to overuse of pediculocides (chemical head lice products). Overuse of pediculocides can be hazardous to a child's health and can cause resistance.

Negative reactions to head lice adversely affect children by subjecting them to teasing and bullying.

What Parent(s)/Guardian(s) Can Do

- Be aware of the symptoms of head lice and the treatment procedures.
- Check the heads of all family members on a weekly basis. Increase this to daily head checks when a case of head lice has occurred in your child's classroom or one of the family members has been in contact with head lice.
- Treat the infested heads.
- Contact a Primary Care Nurse (PCN) for resources and further information when treatment has failed to rid your child's head of head lice.
- Teach your children not to share hair accessories, hats, coats, combs, brushes, etc. with others.
- Inform all possible contacts so other cases can be found and treated (e.g. teachers, parents of classmates and playmates)

Helpful Hints: Sometimes you need help to organize wet combing or access laundry or necessary treatments.

Lice and nits are small, if you need glasses please wear them, or get a family member or friend with good eyesight to help with the wet combing.

Having a family member or friend help with the work can support you and decrease the stress of working towards a lice free home

If you need to access a washer and dryer, consider asking a friend or use a laundromat. Decrease the risk of re-infection by braiding long hair or putting it in an updo

Ask School staff what supports may be available to help you in your community

What the School Can Do

- Discuss with a Primary Care Nurse (PCN) the management of head lice in schools.
- Develop an understanding of the symptoms of head lice infestation.
- Distribute classroom letters and treatment information to parents when head lice are identified.

See [Appendix A](#) for Sample School Letters (2).

See [Appendix B](#) for Preventing/Controlling Transmission in the Classroom

What the Primary Care Nurse Can Do

In the school:

- Determine if the staff has an adequate knowledge of head lice and the control of infestations.
- Provide information as needed; including information on environmental control i.e. dress up centers, cloakrooms, hanging jackets on the back of desk chairs.

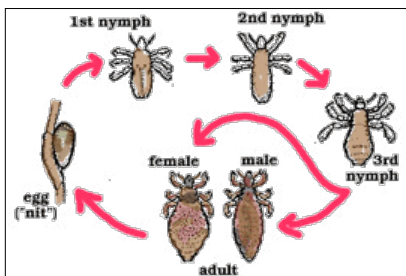
Head Lice Facts

Active versus Inactive Head Lice Infestation

A person has an active infestation if head lice are found crawling on their head or there are many nits within 6mm of the scalp. Nits found further down the shaft of the hair (more than 6 mms from the scalp) have already hatched. Treatment is not recommended for people who have nits further than 6mm from the scalp.

- Head lice do not spread disease.
- Head lice are tiny insects about the size of a sesame seed and can vary from white to brown in color.
- Head lice live only on a person's head and may only survive 1-2 days away from the scalp as they need human blood in order to survive.
- Head lice do not jump or fly.
- Head lice can move quickly on dry hair, so they are difficult to see.
- Head lice bites can make the scalp itchy (but not always).

LIFE CYCLE OF HEAD LICE



Permission requested from www.headlice.org

To see head lice photos click here:

<https://identify.us.com/idmybug/head-lice/head-lice-images/index.html>

- Adult head lice lay about 5-6 eggs (called nits) every day. These nits are glued to the hair very close to the scalp (within 6mm or 1/4 inch).
- It takes 7-10 days for the nits to hatch into a nymph.
- It takes 7-10 days for a nymph to become an adult. During that time, it stays on the head, but does not lay eggs.
- You can find nits anywhere on the head especially behind the ears or on the back of the neck.
- You can't get rid of nits by brushing, or with a hair dryer.
- After the head lice hatch, the shell of the nit stays glued to the hair. If it is more than 6mm or 1/4 inch away from the scalp, it is probably empty.
- You can get head lice by touching heads with someone who has head lice, or by sharing combs, brushes and hats.
- Lice are not inclined to move off the head where they hatch until nearly full grown. It takes 7 days minimum to become fully grown.

Myths and Facts About Head Lice

“Sometimes I’m Misunderstood”

Myth 1: The presence of head lice is a sign of poor personal hygiene.

Fact: We head lice prefer a clean scalp. It doesn’t matter to us your sex, age, race or how much money you have.

Myth 2: Only children get head lice.

Fact: We like adults as much as children, but it’s easier to move from one child to another because of their close contact in daycare, preschools or schools.

Myth 3: If your head isn’t itchy, you don’t have lice.

Fact: Contrary to common thinking, we may be in your hair for weeks or months without making you itch. In fact, even though we are in your hair, only 1/3 of you will be scratching.

Myth 4: Long hair encourages infestation.

Fact: We are more interested in your scalp than your hair so cutting hair will not get rid of us.

Myth 5: Head lice can be “caught” from plants, pets and other animals.

Fact: I can live on YOU, but I can’t live on your plants, pets or other animals.

Myth 6: Head lice can jump and fly from one person to another.

Fact: We don’t have wings. We can’t jump, but we can run quickly from one head to another “wherever and whenever heads meet”.

We may hide in hats and other headgear, scarves, hair accessories, helmets, headphones, etc. We can only survive for up to 48 hours away from your head.

Myth 7: One treatment with a medicated product is enough to cure a case of head lice.

Fact: There could be resistance or a heavy infestation if live, active lice are seen 24 to 48 hours after the first treatment. If so, immediate treatment is recommended using a different product, followed by a 2nd treatment 7 days later. After each treatment, hair should be checked and nits or lice removed.

Myth 8: Head lice cause disease. An outbreak of head lice is a public health emergency.

Fact: I am a nuisance but I do not carry germs or spread disease.

Myth 9: No nit policies are effective in eliminating head lice.

Fact: There is no evidence that shows no-nit policies reduce head lice infestations. Nits are removed to enhance the effectiveness of treatment, but should not be a reason to keep a child out of school.

Myth 10: Your scalp may be itchy for up to 10 days after successful treatment.

Fact: If your head is itchy past 10 days, it may be a sign that I am still there or my friends have moved in!

ACCEPTABLE TREATMENT OPTIONS

- Option A: Wet Combing Only
- Option B: Non-Prescription Medicated Spray, i.e. Nyda
- Option C: Non-Prescription Medicated Rinse or Shampoos, i.e. Resultz, Kwellada, Nix or R&C

Getting rid of head lice is a lot of work but not impossible. Combining Option B or C with Wet Combing (Option A) may increase the likelihood of success. Below is an explanation of each option.

Option A: Wet Combing

A non-chemical way to find and eliminate head lice

REMOVE THE HEAD LICE

Wet combing is based on the life cycle of head lice. It is about removing the live head lice from the head. Combing treatments are done every 3 – 4 days over a two-week period. This breaks the life cycle of head lice by removing them before they are fully-grown and able to lay more eggs. This option is low cost and safe but takes time and requires that the steps below be followed carefully and completely.

Wet comb all infested household members at the same time. Unless you treat all infested household members, head lice can be passed on from one person to another when heads touch.

STEPS TO FOLLOW

DO	REMEMBER
1. Wash hair with normal shampoo and rinse.	1. Note: On average, a wet combing session takes about ½ hour per person. Be patient.
2. Apply at least ½ cup of normal conditioner (any brand) to cover and wet all of the hair. Do not rinse out the conditioner.	2. Untangle hair with a regular wide-tooth comb. Hair that is wet with conditioner will stop the lice from moving around as quickly.
3. Comb sections of hair using a fine-toothed lice comb. Divide hair into small sections. Firmly draw the comb from the scalp to the end of the hair. After each stroke, check the comb for lice. Rinse the comb in a sink or bowl of warm water and wipe dry. Continue section by section until the entire head is done. Make sure hair stays wet with conditioner during combing.	3. Metal or plastic nit combs are available at your local pharmacy. If the comb tugs the hair, use a wide toothed comb first and more conditioner, then try the nit comb again.
4. Rinse hair. Leave hair, dripping wet. Repeat Step 3 combing without conditioner, until no lice are found.	4. Check the comb and your fingernails for head lice (you do not want to put any lice back in the hair).
5. On the same day as the first treatment: WASH all clothing worn in the past 2 – 3 days, bed sheets and pillowcases and place in hot cycle of the dryer or put the items in a sealed plastic bag for 10 days.	5. There is no reason to do a major cleanup of the house to get rid of head lice. Only items that have been in direct contact with the affected person need to be washed, such as shirts, jackets, hats, combs, brushes and pillowcases.
6. Repeat Steps 1 – 4 every three or four days for two weeks.	6. Follow the schedule below.

DAYS TO WET COMB

1	2	3	4	5	6	7
8	9	10	11	12	13	14

Option B: Head Lice Spray

Special head lice spray is used because it has been tested and deemed a safe and effective treatment. Head lice spray successfully kills both head lice and nits (eggs).

KILL THE HEAD LICE AND NITS

This option involves using two treatments 8-10 days apart with a special head lice spray (e.g. NYDA®). This spray is available without a prescription at any pharmacy. Be sure to read and follow instructions on the head lice spray, after treatment is applied allow hair to dry for at least 8 hours before rinsing and shampooing. The spray works by suffocating and killing the head lice and the nits (eggs). Re-infestation can occur, and if it does, consult a Pharmacist, Primary Care Nurse or your Health Care Provider.

ASK A PHARMACIST ABOUT HEAD LICE SPRAY

DO	REMEMBER
1. Check the heads of all household members. Using a fine-toothed lice comb, check the entire head, especially behind ears and back of neck. You are looking for live lice.	1. If one person in a house has head lice, there is a good chance that other household members have head lice too.
2. Treat infested household members at the same time. Read and follow the directions on the head lice spray carefully.	2. Unless you treat all infested household members, head lice can be passed on from one person to another when heads touch.
3. On the same day as the first treatment: WASH all clothing worn in the past 2 – 3 days, bed sheets and pillowcases and place in hot cycle of the dryer or put the items in a sealed plastic bag for 10 days.	3. There is no reason to do a major clean-up of the house to get rid of head lice. Only items that have been in direct contact with the affected person need to be washed, such as shirts, pillowcases, hats, combs, brushes.
4. Treat a second time 8 – 10 days after the first treatment. Repeat step 2.	4. A second treatment will make sure that all eggs and live lice are killed. Two treatments and a follow-up check of the head is the best way to make sure head lice are gone.

Option C: Head Lice Shampoo and Rinse

Special head lice shampoos i.e. Nix, Kwellada, R&C and rinses i.e. Resultz are used because they have been tested and deemed to be a safe treatment. **Resistance has made them less effective in recent years when used alone.**

Kill the head lice and remove the nits

This option involves using two (or three) treatments with a special head lice shampoo or cream rinse, 7 to 10 days apart. This special shampoo or cream rinse is available without a prescription at any pharmacy. The shampoo or cream rinse kills the head lice on the head but may not kill the nits. The nits need to be removed from the hair using a special “nit” comb and by using your fingernails. Resistance and or re-infestation can occur, and if it does, consult a Pharmacist, Primary Care Nurse, or your Health Care Provider.

Ask a pharmacist about head lice shampoos and cream rinses

Steps to follow:

DO	REMEMBER
1. Check the heads of all household members. Using a fine-toothed lice comb, check the entire head, especially behind ears and back of neck. You are looking for live lice.	1. If one person in a house has head lice, there is a good chance that other household members have head lice too.
2. Treat infested household members at the same time. Read and follow the directions on the head lice spray carefully.	2. Unless you treat all infested household members, head lice can be passed on from one person to another when heads touch.
3. <u>Remove all dead lice and nits</u> using a nit comb or your fingers. Rinse nit comb or fingers in a sink or bowl of warm water and wipe dry after each stroke.	3. Metal and plastic nit combs are recommended and available at your local pharmacy. If the nit comb tugs the hair, try untangling the hair with a wide-tooth comb first and then try the nit comb again.
4. On the same day as the first treatment: <u>Wash</u> clothing worn in the past 2 – 3 days, bed sheets and pillowcases and place in <u>hot</u> cycle of the dryer <u>or</u> put the items in a sealed plastic bag for 10 days.	4. There is no reason to do a major clean up of the house to get rid of head lice. Only items that have been in direct contact with the affected person need to be washed, such as shirts, jackets, hats, combs, brushes.
5. <u>Treat a second time</u> 7 – 10 days after the first treatment. Repeat steps 2 and 3 above. <ul style="list-style-type: none"> • A third treatment is optional 	A second treatment will make sure that any head lice, which hatch after the first treatment will be killed before they have a chance to lay any eggs. Two treatments and wet combing with nit removal (Option A) is the best way to make sure head lice are gone.

Not Recommended

The following are either not safe or do not work therefore Northern Health does not recommend them as head lice treatment options.

- Insect Sprays
- Motor oil
- Gasoline
- Alcohol
- Flea soap
- Dyes
- Bleaches
- Heat applied to the scalp
- Garlic
- Essential Oils (i.e. Pine, Tea Tree, Thyme, Rosemary, Eucalyptus, Chick Chalk etc.)
- Shaving the head

When Treatment Doesn't Work

The most common causes of treatment failure include:

Reason #1: Inadequate information or understanding about head lice or the treatment method used.

The treatment methods can be confusing for many people, especially Option A, which is based on understanding the life cycle of the head lice. If unsure about the treatment or prevention of head lice, please contact a Pharmacist, Primary Care Nurse or your Health Care Provider.

Reason #2: The head lice treatment product was not applied properly.

The most common errors with using the shampoo include:

- **Applying the shampoo to wet hair:** Applying the shampoo to wet hair dilutes the chemicals in the shampoo. When exposed to water head lice close their breathing holes which also makes it harder for the chemicals to penetrate and kill the lice.
- **Not using enough treatment product to thoroughly cover all the hair:** Thick and long hair will require more head lice shampoo. Make sure you use enough head lice shampoo to thoroughly wet all hair – especially behind the neck and ears. One way to make sure that you have covered all the hair is to comb the product through the hair with a regular comb.
- **Not leaving the treatment product on long enough:** Chemicals in the shampoo take time to work. Make sure you follow the product instructions.
- **Not applying the second treatment 7-10 days later:** When using lice treatment products repeat the treatment with the product again 7-10 days after the first treatment. This is because no product kills 100% of eggs and eggs take 7 days to hatch. Therefore, re-treatment in 7-10 days is a mandatory part of treatment.

Reason #3: The lice are resistant to the chemical in the product.

Head lice may be resistant to the chemicals in the lice shampoo. If this happens, the chemicals are no longer able to kill all the lice. There are documented pockets of resistance among head lice across Canada, with perethrin and permethrin resistance identified in up to 97% of head lice collected in Canada in 2008,(as per the Journal of Medical Entomology, Vol. 51, no. 2, March 2014 – “Knockdown Resistance Allele Frequencies in North American Head louse Populations”).

You can tell if the head lice are resistant by treating the head as directed, then checking for live lice. Use a fine-tooth comb and look for movement. If the lice are all dead the shampoo is working. If the lice are still moving they may be resistant to the chemicals in the shampoo. If the lice are resistant switch to another treatment with a different “active ingredient” or try wet combing. Ask your pharmacist or health care provider for help.

Reason #4: The hair was previously washed using shampoo with built-in conditioner.

Conditioners in regular shampoos can coat the hair and make it more difficult for chemicals in the head lice shampoos to cover the hair and scalp.

Reason #5: The nits weren't removed.

No shampoo is 100% effective. Nit removal will help ensure effectiveness of head lice shampoos and that there will be less eggs on the head to hatch.

Reason #6: The head lice shampoo is too old.

The active chemicals in many shampoos weaken over time. Check the expiry date on the head lice shampoo before you use it.

Reason #7: Another infestation has occurred.

If the above reasons don't explain why the treatment hasn't worked, re-infestation has likely occurred. Re-infestation almost always results from head to head contact with a person who has lice (re-infestation from the environment is very rare). If hair is clear one week after treatment, then head lice are found later, re-infestation has probably occurred. If you suspect re-infestation, ask your child with whom she/he has had head to head contact, and see if they can be checked. Look beyond your child's classroom; look at direct head to head contact opportunities your child has had during play and within the family.

What you should do

Immediate re-treatment with a different pediculocide followed by a second treatment 7-10 days later is recommended. If infestation recurs or persists, alternative remedies such as Option A: Wet Combing, are recommended to avoid excessive exposure to chemical head lice treatments.

A Word on Combs

Some general things to keep in mind with combs are:

- regular combs will not remove head lice and nits (lice eggs)
- there are two types of special head lice combs: a head lice comb has more space between the teeth and will remove lice but not nits, which are much smaller than lice. A nit comb's teeth have less space between the teeth and will remove both lice and nits
- plastic combs must have all the teeth present and straight, if the teeth separate, or break off then head lice and nits are bypassed as the comb is dragged through the hair
- there is a lack of research regarding effectiveness of “zapper combs”, i.e. Robicomb

A metal NIT comb is recommended

The best nit combs have closely spaced metal teeth (about 0.15mm between teeth) that are about 1” to 1 1/2” long. With a short-toothed comb, it is difficult to completely comb through most types of hair. The metal-toothed comb is more durable; the teeth won't spread, bend or break. The best metal combs have one side of the teeth beveled (on an angle). This allows you to place the teeth of the comb closer to the scalp each time you start to comb through the hair.

Educational Support

BC Health Files: [Head Lice Number 06](#) and HealthLinkBC “Head Lice”, March 1, 2019

Retrieved from <https://www.healthlinkbc.ca/healthlinkbc-files/head-lice>

Richard Pollack, IdentifyUS, Head lice images retrieved September 29, 2014 from

<https://identify.us.com/idmybug/head-lice/head-lice-images/index.html>

Interior Health: School Health, Head Lice Information retrieved from Interior Health website on

November 21, 2019 from <https://www.interiorhealth.ca/health-and-wellness/infant-child-and-youth-health/school-health/school-health-care>

References

- BC Health Files: [Head Lice Number 06](#) March 2019 and HealthLinkBC “Head Lice”, retrieved from <https://www.healthlinkbc.ca/healthlinkbc-files/head-lice>
- Canadian Paediatric Society Position Statement <http://www.cps.ca/english/statements/id/id04-02.htm>
- CDC Atlanta Division of Parasitic Disease Lice Infestation <http://www.cdc.gov/ncidod/dpd/parasites/lice/default.htm>
- Clinical Knowledge Summaries. www.cks.ibrart.nhs.uk/headlice
- Frankowski BL, Weiner LB. American Academy of Pediatrics. Committee on School Health and the Committee on Infectious Diseases. Head lice. *Pediatrics* 2002; 110:638-43. <https://publications.aap.org/pediatrics/article/110/3/638/64164/Head-Lice>
- Hansen, RC. Overview: the state of head lice management and control. *The American Journal Of Managed Care [Am J Manag Care]*, 2004 Sep; Vol. 10 (9 Suppl), pp. S260-3.
- Richard Pollack, IdentifyUS, Head lice images retrieved September 29, 2014 from <https://identify.us.com/idmybug/head-lice/head-lice-images/index.html>
- Jones, Kimberly & English, Joseph (2003) Review of Common Therapeutic Options in the United States for the Treatment of Pediculosis Capitis. *Clinical Infectious Diseases*. June 2003; 36:1355-61
- Leung, Alexander et al. Pediculosis Capitis. *Journal of Pediatric Health Care*. 2005; 19(6):369-373
- Meinking, T et al (2002). Comparative In Vitro Pediculicidal Efficacy of Treatments in a Resistant Head Lice Population in the United States. *Archives of Dermatology*, Vol 138, No. 2, Feb 2002.
- Ressel, GW. AAP releases clinical report on head lice. *American Family Physician [Am Fam Physician]*, 2003 Mar 15; Vol. 67 (6), pp. 1391-2.
- Head to Head Confrontation. *Journal of Community Nursing* 2003 January 17 (1)
- Williams, LK., Reichert, A., MacKenzie, WR., Hightower, AW, and Blake, PA, Lice, Nits, and School Policy. *Pediatrics* 2001;107;1011-1015 <https://publications.aap.org/pediatrics/article/107/5/1011/66239/Lice-Nits-and-School-Policy>
- Yoon, Kyong S, et al. Knockdown Resistance Allele Frequencies in North American Head Louse (Anoplura: Pediculidae) Populations. *Journal of Medical Entomology* . Vol. 51, no. 2, March 2014, pp. 450 – 457.

Appendix A: Letter Templates

Dear Parent/Guardian:

Re: Head Lice

Your child was found to have head lice today. Please treat your child by using Option A and/or Option B or C (see attached). In order to avoid treatment failure, you must follow all the steps in the option you choose. Use ONLY 1 medicated treatment option at a time.

Check all other family members and treat only those who have head lice or nits.

Head lice do not carry disease and do not have anything to do with cleanliness. The only harmful effect from head lice is the way children and adults react. Negative reactions to head lice can harm children's self-esteem and result in their isolation from others.

Remember:

- Make weekly head checks part of your routine.
- If your child has long hair, keep it tied back.

If you have questions, please call your Primary Care Nurse/Health Care Provider or go to the following links for further information:

<https://www.healthlinkbc.ca/sites/default/files/documents/healthfiles/hfile06.pdf>

<https://www.healthlinkbc.ca/health-topics/head-lice>

Yours truly,

Principal

Dear Parent/Guardian

Re: Head lice in the classroom

Head lice have been identified in your child's classroom. Please check your child's hair and scalp carefully.

STEP 1: Find a comfortable well-lit spot

STEP 2: Check the hair from the scalp to the end of the hair strand. First, look at the hair at the back of the neck, behind the ears and above the forehead. Then, check the rest of the head.

STEP 3: You are looking for live lice and/or eggs. Nits (eggs) are glued to hair close to the scalp (6mm or 1/4 inch). Nits are white to light brown in colour and may be confused with dandruff. Nits are firmly attached to the hair and do not move unless you slide them down the hair strand.

STEP 4: If you find a louse or nit, check all household members. Treat only those who have head lice or nits, following Option A and/or B or C (see attached)

STEP 5: Let the school and other social groups know if your child has head lice or nits.

Remember:

- Make weekly head checks part of your routine.
- If your child has long hair, keep it tied back.

If you have questions, please call your Primary Care Nurse/Health Care Provider or go to the following links for further information:

<https://www.healthlinkbc.ca/sites/default/files/documents/healthfiles/hfile06.pdf>

<https://www.healthlinkbc.ca/health-topics/head-lice>

Yours truly,

Principal

Appendix B: Preventing/controlling Head Lice in the Classroom

Environment

Head lice do not fly or jump. They move from one head to another by crawling. Head lice are only spread by touching heads (which allows lice to move on to the new head) or by touching clothing (which allows head lice from a comb or hat to move to a new comb or hat). They can only survive for 48 hours off of the human head so a classroom that is closed for the weekend is considered clean when it reopens on Monday.

Best practice in the prevention of the spread of head lice in the schools is to offer cubicles for each student to place their clothing in when they are not wearing it. Cubicles should be large enough to accommodate the winter clothing necessary in our northern climate. The cubicles should have sides to prevent the clothing from touching each other. This way each individual student's clothing is isolated to one area and not touching the next students. An alternative would be to have students place their jacket on the back of their desk chair.

Education

Education is the key to preventing the spread of head lice in the classroom. Students need to be taught how it is spread and what they can do to prevent the spread of head lice. Also, have children avoid direct head to head contact during classroom activities i.e., reading time.

Appendix C: Revision History

Revision History			
Revision History	Effective Date:	Description of Changes	Reviewed or Revised by:
	February 3, 2022	Minor revisions. Updated HealthLink BC hyperlinks, and reference articles hyperlinks that were broken. Formatting changes, new cover page, and table of references. Inclusion of a revision history table.	Regional Nursing Lead: Healthy Schools, Public Health Practice
Contact Healthy.Schools@northernhealth.ca if further information is required.			



northern health
the northern way of caring



#healthynorth

northernhealth.ca

10-405-6167 (IND 01/22)