



# Procedures Manual: Managing Health Issues in Schools

Lethbridge School Division



Procedures for Policy 504.1

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## About This Manual

District policy 504.1 requires that this manual is:

- Reviewed annually including input from Alberta Health Services
- Made available in a summary version to all District staff
- Adhered to by all staff as the primary procedural document for Health related issues

This manual is provided as a reference for District staff when managing physical health related issues. The information provided sets a minimum standard of response to a variety of situations. In addition to the information provided herein, District staff members are reminded that:

- The first response to a medical emergency is to call 911
- Alberta's Emergency Medical Aid Act protects individuals from liability when providing assistance to others in an emergency situation
- All schools have a published list of trained first-aiders
- Questions or concerns regarding this manual should be directed towards the Associate Superintendent, Instructional Services

This manual is not intended to substitute for emergency response training. There are some topics covered in this manual that may at times require a rapid response to a critical situation. These include but are not limited to situations that may arise with students or staff who have severe allergies or diabetic conditions. This manual does provide broad guidelines for the general management of the school environment when students or staff members who have these conditions are known to be present.

## Overview: Health and Wellness in the Division

The health and safety of all students and staff is a priority in Lethbridge School Division. As can be seen below, there are numerous strategies implemented to achieve this priority. This procedures manual forms only one part of a complex and multi-faceted effort to ensure that necessary programming and services are available when needed. The following list provides a general overview of how health, wellness and safety issues are handled in the Division:

### Safety:

- District Workplace Health and Safety Program ([Policy section 700](#))
- Student Safety, Student Supervision ([Policy section 500](#))
- Harassment and Discrimination ([Policy 402.8.1](#))
- Field Trips ([Policy 607.1](#))
- Violence, Threat, Risk Assessment and Support Protocols
- District Crisis Response Manual
- District Pandemic Plan

### Promoting Health and Wellness:

- Healthy Nutritional Choices ([Policy 504.11](#))
- District Healthy Schools Committee
- District Poverty Intervention Committee
- Wellness champions in all schools
- Alberta Health Services Vaccination program
- Comprehensive student co-curricular and extra-curricular programs
- Employee WHIP program
- Employee Assistance and Wellness Program ([Policy 402.8.3](#))

### Promoting Social/Emotional Wellness:

- Comprehensive counseling services (District and school level)
- Psychological services (District level)
- Making Connections Program
- Extensive community agency involvement (Health Services, Human Services, Family Services and Police Services)
- Partnerships with Agencies Supporting Children, Youth and Families
- Complex Case Management Strategies
- Employee & Family Assistance Program (EFAP)

### Managing Physical Health and Wellness Issues:

- Managing Physical Health Issues in Schools ([Policy 504.1](#))
- Procedures for Managing Health Issues in Schools (this document)

## Working With Alberta Health Services

Schools are expected to collaborate with Alberta Health Services in the provision of health services to students and staff. In this respect schools shall:

- co-operate with public health officials in programs designed to monitor and promote public health, including testing and vaccination programs aimed at persons of school age;
- provide public health staff with the necessary facilities and access to the students in order to carry out approved examination and vaccination programs;
- ensure that the scheduling of such programs shall be the responsibility of public health personnel in consultation with the school principal; and
- require that notification of parents and the acquisition of any permission needed for testing and/or vaccination of students shall be the responsibility of the public health personnel with assistance from the school staff.

### **Information Link**

Alberta Health Services Website: <http://www.albertahealthservices.ca/>

## General Guidelines for Administration of Medication/Personal Care

District staff may assist in the self-administration of medication by a student if so requested by the parent/guardian. In such situations the principal shall ensure that:

1. Responsibility for the administration of prescribed medication shall rest with the student and/or the parent/guardian. Upon written request by the parent/guardian, District staff shall assist by providing safe storage for prescribed medications. Parents/guardians are encouraged to advise schools of medications which are being carried and self-administered by students.
2. Staff are not authorized to give consent for medical treatment for a student.
3. Staff shall only directly administer medication to students in emergency situations (such as using an Epi-pen), or in situations in which the student is incapable of self-administration (such as when a student has a physical disability).
4. Staff shall dispense medication only in accordance with written instructions from the parent:
  - 4.1. Medication shall be stored so as to prevent unauthorized access by staff or students.
  - 4.2. Procedures for dispensing of medication shall ensure each student receives the correct medication.
  - 4.3. A record shall be kept for each occasion on which medication is dispensed to a student.
  - 4.4. In the case of regularly administered medication, written instructions shall be provided on an annual basis.
5. Form [504.1.1](#) is completed and signed by both the parent and the physician and is on file at the school.
6. If requested in writing by the parent, a staff member designated by the principal shall personally observe and keep a record of a student's self-administration of his/her medication.
7. At times it may be deemed necessary to identify students with medical conditions to others in the school in order to ensure the proper safety and supervision of the

student; however, in such a situation the school shall be as respectful as possible to the student's right to privacy.

8. School bus operators shall be informed of all potential emergency medical problems using [Form 504.1.7](#).
9. The Superintendent shall be immediately informed if a request for the administration of medication or personal care is refused.

### **Use the correct form:**

504.1.1 – [Medication/Personal Care Request and Authorization](#)

504.1.2 – [Daily Record of Medication/Personal Care Administered](#)

504.1.3 – [Medical Emergency Procedures](#)

504.1.4 – [Anaphylaxis Emergency Plan](#)

504.1.5 – [Diabetes Care Plan](#)

504.1.6 – [Emergency Medical Data Sheet – Students with Asthma](#)

[504.1.7 – City Transit Student Health Alert](#)

504.1.8 – [Record of Medication](#)

## Handling Medications

If the request by a parent/guardian for the administration of medications has been approved by the principal, then the following guidelines shall be implemented for the handling of the medications:

1. All medication, whether prescription or non-prescription, should be brought in to the school office by the parent/guardian and signed in at the office by the school secretary or administrator.
2. All medication should be brought to school in the original containers in one unit doses. This will ensure that no school personnel will be responsible for measuring out medication or cutting pills into parts. Liquid medication should be administered using a dropper or medicine spoon to ensure accurate administration.
3. All attempts should be made to ensure that the medication is handled by as few persons as possible.
4. Medical/Personal Care Request and Authorization Forms (or copies) and all related medications should be kept in a secure, locked and clean location in the school office, classroom or area where medication is administered.
5. Staff dispensing medication shall complete [Form 504.1.2](#) - Daily Record of Medication/ Personal Care Administered each time the medication is given to the student.
6. It is the parent's responsibility to notify the school of any changes to the original prescription or personal care plan. In the event of changes to a prescription, the school must be provided with a new pharmacy label with any change in the prescription. If the principal feels that the change is significant, a new [Form 504.1.1](#) - Medication/Personal Care Request and Authorization, signed by the parent and the physician, may be required.
7. Procedures for safe return or disposal of unused medications should be provided for in consultation with the parent(s).
8. Non-prescription drugs such as acetaminophen (eg. aspirins), cold remedies and inhalants shall not be administered to students without the written permission of the parent/guardian. As an exception to this, at the discretion of the principal, non-prescription remedies may be administered to a student, providing that verbal/ telephone permission from the parent/guardian is received, and two listeners hear the verbal permission. Details including date, time, type of medication and dosage must be documented in this situation.



## General Guidelines for Serious Health Conditions

If potentially life-threatening conditions such as serious allergies, diabetic conditions or epilepsy have been identified for any students within the school, the principal shall ensure that:

1. The appropriate District forms are used to document the condition and that a medical plan is developed in consultation with the parent/guardian and including the student when appropriate.
2. Staff members (both teaching and non-teaching) are aware of the identity of the students.
3. Staff members (both teaching and non-teaching) who may be in a position of responsibility for the students receive appropriate in-service training, for example how to use an Epi-pen.
4. Applicable District emergency response protocols are reviewed annually with staff in the school.
5. Adults who perform occasional duties at the school (substitute employees, volunteers, etc.) and post-secondary practicum students shall be made aware of the identity of any anaphylactic student(s) attending the school.
6. Parents may desire that school bus operators are made aware of their child's medical condition. With written permission from the parent/guardian ([Form 504.1.7](#)) information which identifies a student and explains the general nature a serious medical condition will be forward to City Transit authorities through the District Business Affairs Office.
7. If a situation develops that is considered serious or life-threatening, or any time the use of an Epi-pen is required, an ambulance shall be called immediately.
8. In some situations it may be deemed appropriate to provide information about the serious health condition of a student to other students and their parents. A procedure for this shall be developed only in consultation with the parent/guardian of the student of concern, and may include input from Alberta Health personnel.

### **In any medical emergency:**

- Call 911
- Ensure that a first-aid trained staff member is present
- Inform parent/guardian as soon as possible

## Anaphylaxis – General Overview

### What is it?

(anna-fill-axis)

The most serious type of allergic reaction:

- Can affect different parts of the body
- Onset can be very rapid
- Can be life threatening

### Think F.A.S.T

Symptoms can vary!

**Face:** itching, redness, swelling

**Airway:** trouble breathing, swallowing, speaking

**Stomach:** pain, vomiting, diarrhea

**Total body:** hives, rash, weakness, paleness, sense of doom, loss of consciousness

### What to do?

With any sign of breathing difficulty:

- Use Epi-pen immediately!
- Call 911
- Ensure that a first-aid trained staff member is present
- After 10-15 minutes, if breathing difficulties persist, give 2<sup>nd</sup> Epi-pen
- Inform parent/guardian as soon as possible

### Information Links

Alberta Education: <http://www.education.alberta.ca/admin/healthandsafety/aair.aspx>

Anaphylaxis Canada: <http://www.anaphylaxis.ca/>

Epi-Pen Demo: <http://www.epipen.ca/en/>

Learn Alberta: <http://www.learnalberta.ca/content/inmdict/html/allergies.html>

## Students with Anaphylactic Allergies - District Procedures

Response plans shall be in place in the event of potential anaphylactic reactions in the school. Primary responsibility for the management of an anaphylactic allergy rests with the student, his/her parents (where appropriate), and/or appropriate medical personnel.

1. It is the responsibility of the anaphylactic student's parents to inform the principal of their child's allergy.
2. All staff members must be made aware of the students with severe allergies.
3. Information to reduce the risk of exposure to anaphylactic causative agents in classrooms and common areas of the school shall be shared with all staff and students as needed.
4. The principal shall ensure that emergency response training is provided to all employees who are in direct contact with anaphylactic students on a regular basis, including the use of epinephrine auto-injectors such as Epi-pens.
5. Parents of anaphylactic students, in consultation with their doctor, shall complete [Form 504.1.4](#) Anaphylaxis Emergency Plan at the beginning of each school year. Plans shall be appropriately shared with staff and students.
6. It is the obligation of the student's parent/guardian and the student where appropriate, to ensure that the information in the student's allergy plan be kept up-to-date with the current medications that the pupil is taking.
7. For any individual experiencing an anaphylactic reaction call 911.

### Use the correct form:

504.1.4 – [Anaphylaxis Emergency Plan](#)

504.1.7 – [City Transit Student Health Alert](#)

## Employees with Anaphylactic Allergies - District Procedures

Response plans shall be in place in the event of potential anaphylactic reactions in the school. Primary responsibility for the management of an anaphylactic allergy rests with the employee and/or appropriate medical personnel.

1. It is the decision of each employee to choose to inform their principal/supervisor of their allergy. Employees are strongly encouraged to self-identify if they have an anaphylactic condition by completing [Form 504.1.4](#).
2. The degree to which this information is shared with others in the school should be determined by the employee with the medical condition.
3. Where appropriate, information to reduce the risk of exposure to anaphylactic causative agents in classrooms and common areas of the school shall be shared with all staff and students.
4. Emergency response training shall be provided to all staff members who are in direct contact with an anaphylactic employee on a regular basis, including the use of epinephrine auto-injectors such as Epi-pens.
5. For employees who have self-identified, [Form 504.1.4](#) Anaphylaxis Emergency Plan should be resubmitted at the beginning of each school year.
6. It is the obligation of the employee to ensure that the information in the allergy plan is kept up-to-date with the current medications that the employee is taking.
7. For any individual experiencing an anaphylactic reaction call 911.
8. Employees are encouraged to contact Human Resources with any concerns or questions regarding a health issue that may affect their work with the District.

### Use the correct form:

504.1.4 – [Anaphylaxis Emergency Plan](#)

## Asthma – General Overview

### What is it?

Respiratory disease where inflammation of the airways causes cough, wheeze, chest tightness and shortness of breath.

### Signs of a life-threatening condition:

- Struggling to breathe
- Lips or fingernails blue
- Pale sweaty skin
- Severe coughing
- Fast breathing
- Difficulty talking

## Information Links

Allergy/Asthma Information Association: <http://aaia.ca/en/index.htm>

Asthma Society of Canada: <http://www.asthma.ca>

Learn Alberta: <http://www.learnalberta.ca/content/inmdict/html/asthma.html>

## What to do?

With any sign of breathing difficulty:

- Call 911
- Ensure that a first-aid trained staff member is present
- Help student take 2 puffs of (blue) reliever inhaler
- Repeat inhaler every 10 minutes until ambulance arrives
- Inform parent/guardian as soon as possible

## Students with Asthma - District Procedures

For any students with asthma:

1. A response plan shall be in place in the event of a severe asthma attack in the school. Primary responsibility for the management of asthma rests with the student, his/her parents (where appropriate), and/or appropriate medical personnel.
2. It is the responsibility of the asthmatic student's parents to inform the school principal of their child's condition.
3. [Form 504.1.6](#) shall be completed in consultation with the parent/guardian for students with a severe asthma condition.
4. School staff and parents shall work together to monitor, reduce and avoid triggers of asthma in the school environment.
5. School staff shall permit the student to self-administer medication using an inhaler as outlined in [Form 504.1.6](#).
6. The principal shall ensure that emergency response training is provided to all employees and others, such as practicum students, who are in direct contact with severely asthmatic students on a regular basis.
7. Students are expected to participate in school activities as fully as possible.

### Use the correct form:

504.1.6 – [Emergency Medical Data Sheet – Students with Asthma](#)

504.1.7 – [City Transit Student Health Alert](#)

## Employees with Asthma - District Procedures

For any employees with asthma:

1. Response plans shall be in place in the event of a severe asthma attack in the school. Primary responsibility for the management of asthma rests with the employee and/or appropriate medical personnel.
2. Employees are strongly encouraged to self-identify and to complete [Form 504.1.6](#).
3. [Form 504.1.6](#) shall be shared with all staff and students as requested by the employee.
4. School staff shall work together to reduce and avoid triggers of asthma in the school environment.
5. Employees are encouraged to contact Human Resources with any concerns or questions regarding a health issue that may affect their work with the District.

### Use the correct form:

504.1.6 - [Emergency Medical Data Sheet – Students with Asthma](#)

## Diabetes – General Overview

### What is it?

Inability of the body to make or use Insulin, resulting in reduced glucose transfer from the blood to body cells. The cells then lack required energy and glucose accumulates in the blood.

Type 1 Diabetes – must take insulin by injection or pump

Type 2 Diabetes – controlled mostly through healthy diet and exercise

### Signs of a life threatening condition:

Blood sugar too low (**hypoglycemia**): - too much insulin / too little sugar in diet

- Sweating, light-headed, irritable, confused, drowsy, hungry, blurred vision
- Convulsions, unconsciousness (Life threatening!)

Blood sugar too high (**hyperglycemia**): - too little insulin / too much sugar in diet

- Thirst, frequent urination, tiredness, blurred vision, irritable
- If untreated for several days: Diabetic ketoacidosis with nausea, vomiting (Life Threatening!)

## What to do?

Both situations require immediate medical attention:

- Call 911
- Ensure that a first-aid trained staff member is present
- If conscious, give student sugar (orange juice or sweet snack)
- Inform parent/guardian as soon as possible

## Information Links

Canadian Diabetic Association: <http://www.diabetes.ca>

Learn Alberta: <http://www.learnalberta.ca/content/inmdict/html/diabetes.html>

Guidelines for Supporting Students with Type 1 Diabetes in Schools:

[https://education.alberta.ca/media/3795732/104305-type-1-diabetes-guidelines\\_english.pdf](https://education.alberta.ca/media/3795732/104305-type-1-diabetes-guidelines_english.pdf)



## Diabetes - District Procedures

1. Schools will establish a method for staff to identify students with diabetes using a photograph displayed in a visible location.
2. Schools will facilitate and provide opportunity for all school personnel in regular contact with the student with diabetes to attend a staff education session on diabetes. The session shall include the treatment of hypoglycemia, hyperglycemia and glucagon administration when indicated. Trained personnel will be identified in [Form 504.1.5](#), Diabetes Care Plan.
3. Personnel, responding to student needs, will be instructed to remain with the student until appropriate treatment has been administered and the blood glucose level has stabilized.
4. Schools will allow flexibility in the student's class routine/school rules to ensure that the student with diabetes can appropriately manage the condition. Situations may include allowing the student to eat on the bus or at his/her desk, not participate temporarily in certain activities, ask for assistance from school personnel, etc.
5. If indicated in [Form 504.1.5](#), Diabetes Care Plan, designated school personnel will administer glucagon for the treatment of severe hypoglycemia. The glucagon emergency kit should be labelled and kept in an accessible and secure location with the student's hypoglycemia treatment kit.
6. Schools will provide a hygienic, safe and private environment for the student to perform diabetes related tasks if the student wishes privacy.
7. Schools will provide for safe and accessible storage of the student's food supplies.
8. Designated school personnel will notify the parent if:
  - a. the student does not eat all scheduled meals and snacks (age appropriate) or vomits. (Young children and those with special needs may need to be reminded of snack times.)
  - b. there are any upcoming changes planned for the school schedule that will affect the student's meal/ snack times and activity level.
  - c. the student is unwell or exhibits signs of hyperglycemia such as frequent thirst or urination.
9. Schools will provide adequate supervision at special events such as field trips, intramural sports, recess, etc., to ensure the safety of students with diabetes.

10. Schools will communicate and liaise with the public health nurse and diabetes care team as required.

11. It is the parent's responsibility to:

- a. provide all materials and equipment necessary for diabetes care tasks including:
  - i. Blood glucose testing
  - ii. Emergency Hypoglycemia Treatment Kit, including Glucagon when indicated
  - iii. Insulin administration
  - iv. Urine ketone testing
  - v. Sharps disposal for insulin needles and lancets
- b. collaborate with the diabetes team, school public health nurse and school personnel to complete a Diabetes Care Plan ([Form 504.1.5](#)), which will be reviewed on a yearly basis and revised during the school year as needed.
- c. arrange an annual meeting with school personnel to update medical information and arrange dates for yearly education sessions for school personnel.

12. It is the student's responsibility to:

- a. implement their diabetes care at school with parental consent to the extent that is appropriate for the student's development and his/her experience with diabetes.
  - i. The extent of the student's ability to participate in diabetes care should be agreed upon by the student, parents, the diabetes care team, school public health nurse and school personnel. This should be documented in the Diabetes Care Plan ([Form 504.1.5](#)).
- b. communicate with school personnel any concerns with diabetes care tasks including circumstances of hypoglycemia or hyperglycemia, when feeling unwell, or when requiring assistance from school personnel.

### Use the correct form:

504.1.5 – [Diabetes Care Plan](#)

504.1.7 – [City Transit Student Health Alert](#)

## Epilepsy – General Overview

### What is it?

(epi-lep-see)

A brain disorder in which an irregular electrical discharge from cells causes periodic sudden loss or impairment of consciousness, often accompanied by seizures.

### Types of Seizures:

#### Convulsive seizures:

May last 2-5 minutes  
Muscle stiffening and jerking  
Some difficulty breathing  
Saliva foaming around the mouth

#### Non-convulsive seizures:

May last 5-15 seconds  
Brief interruptions of consciousness  
Staring spells  
Small muscular facial movements  
Confusion

### What to do when a seizure occurs?

- Ensure that a first-aid trained staff member is present
- Protect the child from injury: remove hard/sharp objects, loosen tight clothing.
- Guide the child's movements, but do not try to stop or restrict movements.
- When the seizure is over, gently turn the child to his side with his face turned slightly downward. This will keep him from choking on vomit or saliva and will keep the airway open. DO NOT try to force the child's mouth open or put anything in his mouth.
- Protect the child's privacy by asking onlookers to leave.
- Call 911 IF:
  - the child has a second seizure shortly after the first, or
  - if unconscious for more than five minutes, or
  - if it is the child's first seizure and you do not know the cause.
- When convulsions stop, wipe away fluid from the mouth and nose. Lay the child on his side (recovery position), with the top knee and bottom arm extended to keep him from rolling on his stomach. Stay with the child and allow him to rest.
- Inform parent/guardian as soon as possible

### Information Links

Epilepsy Canada: <http://www.epilepsy.ca>

Learn Alberta: [http://www.learnalberta.ca/content/inmdict/html/seizure\\_disorders.html](http://www.learnalberta.ca/content/inmdict/html/seizure_disorders.html)

## Epilepsy - District Procedures

1. It is the parent's responsibility to notify the school if their child is known to have an epileptic disorder. This should be done at the time of registration.
  - a. In addition, if there are any changes in the condition, including a change in medications, the school should be notified immediately.  
*(Medication is sometimes able to reduce the number of seizures or eliminate them entirely. While the child is growing, it may be difficult to find the right level of medication, and it may take time for the child to adjust to medication, particularly during growth spurts.)*
2. Schools will facilitate and provide opportunity for all school personnel in regular contact with the student with epilepsy to attend a staff education session on epilepsy.
3. Unless otherwise advised by the child's physician, the child can be expected to participate in all school activities.

### Use the correct form:

504.1.1 – [Medication/Personal Care Request and Authorization](#)

504.1.7 – [City Transit Student Health Alert](#)

## Communicable Diseases – General Overview

### What are they?

Communicable disease means an illness in humans that is caused by an organism or micro-organism or its toxic products and is transmitted directly or indirectly from an infected person or animal or the environment.

### The Alberta Public Health Act requires:

A teacher or person in charge of an institution shall notify the medical officer of health of the regional health authority if it is known or suspected that a person under the care or supervision is infected with a communicable disease.

Some examples of reportable diseases include:

HIV/AIDS, Chickenpox, Hepatitis A, B, C, Meningitis, Mumps, Rubella, Smallpox, West Nile Virus. See the information link below for a more complete listing

### What to do?

The presence of a person with a communicable disease does NOT constitute a medical emergency.

- For a student, the parents, principal and medical staff should work together to determine the best educational programming.
- For a staff member, the employee, medical staff and Human Resources should work together to determine the best support levels for the employee.

### Information Links

Which diseases must be reported?

<http://www.health.alberta.ca/professionals/notifiable-diseases-guide.html>

## **Students with Communicable Diseases - District Procedures**

1. A list of communicable diseases that must be reported to the medical officer of health and their visible signs and symptoms shall be posted in the general office and the staff room of each school.
2. School officials shall co-operate with public health officials in preventing the spread of communicable diseases.
3. In most instances, students with communicable diseases shall be managed in accordance with the Public Health Act.
  - a. In the case of HIV/AIDS, students shall be allowed to attend school programs in an unrestricted setting unless, in the opinion of the regional health authority's appropriate health official, there are special circumstances which necessitate restriction.
4. Decisions regarding the type of care and educational setting for students infected with a communicable disease shall be based on the behaviour, neurological development and physical condition of the student and the expected type of interaction with others. Program and confidentiality decisions for children infected with a communicable disease shall be made using a team approach which may include the child's physician, public health personnel, the child's parent(s), school principal and only those personnel immediately associated with the proposed care and/or education of the child.
  - a. In each case, the risks and benefits to both the infected child and to others in the educational setting shall be considered.
  - b. Persons involved in the care and education of students infected by communicable diseases shall respect the student's right to privacy. The number of people who are aware of the child's condition shall be kept at the minimum needed to assure proper care of the child and to detect situations where the potential for transmission may occur (e.g. bleeding injury). Confidentiality of information is required by the Public Health Act.
  - c. If such confidential information should be disclosed, and parental concerns are brought to the attention of the Superintendent and/or principal, then concerned parents shall be made aware of the confidentiality requirement and referred to the Chinook Health for information on communicable diseases.
5. Students with AIDS shall have the right to attend school unless, in the opinion of the medical officer of health for the regional health authority, attendance poses a significant health risk to others.

- a. The principal in consultation with the Superintendent, the student where appropriate and his/her parents and public health officials shall determine:
    - i. who will be informed of the presence of AIDS in the school and how that information will be communicated;
    - ii. who will be informed of the identity of the person or persons with AIDS and how that information will be communicated;
    - iii. what procedures will be implemented to protect the health and safety of others; and
    - iv. alternate arrangements for educational programming for students prevented from attending school because of AIDS.
6. The students' ability to participate in contact sports such as wrestling and rugby shall be determined by the consultative team described in Regulation 4 above, or by the Medical Officer of Health.
7. Students from grade 4 to 12 shall be provided with the information about communicable diseases where identified within the Alberta Program of Studies.
  - a. This would typically occur in the Health and CALM curriculum.
  - b. Communicable disease information related to human sexuality shall be subject to [Policy 602.7](#) Human Sexuality Instruction.

## **Employees with Communicable Diseases - District Procedures**

1. Employees with communicable diseases shall be allowed to continue normal employment duties unless:
  - a. in the opinion of the Medical Officer of Health, in consultation with the Director of Communicable Disease Control, there are special circumstances or regulations which necessitate restriction, or
  - b. it is a bona fide occupational requirement of the job of the employee that the employee be free from any communicable disease. The identity of an employee who is known to be infected with a communicable disease will remain confidential.
2. An employee who is diagnosed as having a communicable disease and who becomes too ill to continue at work will have full access to sick leave, long-term disability and benefits as provided for the employee by the various collective agreements, District policies and regulations of benefit plans.
3. An employee who is diagnosed as having a communicable disease will have access to counselling through the Employee Assistance Program to assist the employee in dealing with medical or personal difficulties.
4. Educational programs designed to inform employees about communicable disease transmission and prevention in the workplace, may be made available when appropriate, including seminars or online training to specific employee groups as the need arises.
5. Where an employee may be exposed to a communicable disease, such as HIV-AIDS or Hepatitis, specific to an emergent situation that may arise in their particular circumstance, appropriate precautionary procedures shall be implemented in accordance with Occupational Health and Safety Requirements.



## Blood-borne Disease Prevention - Standard Precautions

The following standards shall be followed in any situation where exposure to blood or other body fluids may occur:

1. Use Protective Clothing and Equipment such as disposable gloves when:
  - touching open sores
  - caring for a person who is bleeding
  - examining mucous membranes (inside of the mouth)
  - handling or cleaning up blood or other bloody fluids
  - handling linens saturated with blood or body fluids
2. Ensure thorough Hand Washing:
  - Hands and any skin surfaces contaminated with blood or other body fluids should be washed thoroughly, as soon as possible after the exposure.
  - To wash hands use plain soap and warm running water. Rub all surfaces of lathered hands for at least 10-15 seconds.
  - Always wash hands after removal of disposable gloves
  - In the case of a needle stick injury or a human bite which pierces the skin:
    - wash and disinfect the injury immediately
    - notify your employer (if it happens on the job) and the local community health office for appropriate follow up
3. Cleaning Up Blood/Body Fluids:
  - Use gloves.
  - Use disposable material whenever possible to absorb large spills.
  - Disinfect surfaces first by covering surfaces with paper towels, pour on a 1:10 bleach solution and let sit a minimum of 10 minutes. Then clean up spill and wash with detergent. Air dry.
  - Use disposable cleaning cloths (see disposal of contaminated wastes). Otherwise, soak cleaning cloths and mops in a 1:10 bleach solution, rinse and let air dry. (Some surfaces may be damaged by bleach.)
  - Isopropyl alcohol or other chemical germicides approved for use as “hospital disinfectants” will kill viruses when used as directed.

**4. Laundering Clothes And Linen Soiled With Blood/Body Fluids**

- Use disposable gloves when handling heavily soiled linen.
- If responsible for washing linens:
  - rinse in cold water prior to washing
  - use household bleach if fabric permits
  - wash in water as hot as the material will allow
  - dry on as hot a setting as the material will allow
  - if heavily soiled, consider laundering separately

**5. Disposal Of Contaminated Wastes:**

- Wear disposable gloves when handling waste contaminated with blood and body fluids.
- Garbage cans should be lined with plastic bags.
- Put wastes in sturdy plastic bags before discarding with the regular garbage.
- Avoid picking up sharp objects (broken glass, syringes and needles) by hand. Use a broom and dustpan.
- Sharp objects which may be contaminated with blood or body fluids should be put in a puncture resistant, plastic or metal container with a firm fitting lid (empty coffee can). Sharps containers may also be purchased at pharmacies or medical supply stores.

**6. First Aid Precautions:**

- Minimize direct contact with blood or other body fluids by using a dressing or clean cloth as a barrier.
- When possible have the person clean and dress their wounds or help you do so.
- Wear disposable- gloves when there is bleeding or if you have cuts/sores on your hands.
- Wash your hands thoroughly after removing gloves or after coming in contact with any body fluid.
- Use a mouthpiece if possible when doing mouth to mouth resuscitation. If a mouthpiece is not available, clean off the person's mouth with a clean cloth tissue and proceed.

## Head Lice – General Overview

### What are they?

Small insects that live and breed on the scalp.

**Lice are a nuisance  
not a health hazard!**

### Did you know that...

- Head lice are not dangerous and they do not spread disease.
- Lice can and do spread from person to person.
- Lice do not live on cats, dogs or other animals.
- Both adults and children can be infected.
- Short hair does not prevent infection.
- Infections can be caught anywhere, not just at school, thus head lice are a community problem not just a school problem.

### What to do and what not to do?

- DO NOT – Exclude from school children who may have head lice. If lice are present, they will likely have been there for weeks.
- DO NOT – send alert letters home to other families. These may cause unnecessary anxiety and negative responses from individuals who lack accurate information about head lice.
- DO – provide the family with information regarding detection combing and treatment.

### Information Link

MyHealth.Alberta.ca: [Link to information about Lice detection and treatment](#)

Please also see:

**Appendix A: Head Lice Information from Alberta Health Services**

## Head Lice - District Procedures

1. Students, staff and parents shall be offered information on head lice identification, prevention and treatment on a regular (annual) basis rather than just during an outbreak. It should be emphasized that head lice:
  - 1.1. are a community-wide problem, and not only a school problem,
  - 1.2. are just as likely to be caught at home or in the community as at the school,
  - 1.3. cannot live on pets or other animals,
  - 1.4. do not jump or fly,
  - 1.5. do not carry or transfer other diseases, and
  - 1.6. can infect children and adults.
2. Students and/or staff with head lice shall be supported in a confidential, non-judgmental manner.
3. When school personnel become aware of a student with head lice, they (using telephone contact) will notify the parent/guardian.
4. A treatment protocol as recommended by Alberta Health Services shall be provided to the parent/guardian ([Exhibit 504.1.A](#) Head Lice Counselling Guidelines).
  - 4.1. Parents shall be advised to share treatment protocols with the child's immediate contacts (neighbors, relatives and friends).
5. The student shall NOT be removed from regular classes upon detection of head lice, but physical contact and sharing of hats or scarves should be minimized.
6. DO NOT send out alert letters to other parents.
7. School personnel shall NOT participate in the detection combing of students.
8. Parents should be informed of their role and responsibilities regarding head lice including:
  - 8.1. Becoming aware of signs and symptoms of infestation,
  - 8.2. Learning the correct method of identification through detection combing,
  - 8.3. Examining their child's head weekly as part of routine hygiene,
  - 8.4. Notifying the school if their child has lice,
  - 8.5. Notifying others with whom their child may have been in contact including family members, neighbors and friends,
  - 8.6. Carrying out treatment protocols on family members with live moving lice,
  - 8.7. Washing personal items such as combs, brushes, bedding and hats.

## Concussion – General Overview

### What is it?

A concussion is a brain injury that cannot be seen on routine x-rays, CT Scans, or MRIs. It affects the way a person may think and remember things, and can cause a variety of symptoms. It can be caused by a blow to the head, face or neck or a blow to the body which causes a sudden jarring of the head.

### Symptoms

A student does not need to be knocked out (lose consciousness) to have had a concussion. Typically thinking problems such as loss of time, date, place period of game opposing team or score can present. General confusion, headache, dizziness, seeing “stars”, loss of vision, stomach ache or nausea can present. Other problems that can be observed are; poor coordination or balance, vomiting, slurred speech, slow to answer questions, easily distracted and strange or inappropriate emotions.

### What to do?

With any sign of concussion

- Student should stop the sport or activity right away
- Student should not be left alone and should be seen by a doctor as soon as possible that day
- If student is unconscious call an ambulance to take him/her to hospital
- If unconscious do not remove helmet or other athletic equipment; wait for paramedics to arrive
- He/she should not return to activity until he/she has been seen by a doctor and the doctor grants participation in that activity, Procedure, form 504.1.9 should be completed prior to return
- The signs and symptoms of a concussion often last for 7-10 days but may last much longer. Having previous concussions may increase the chance that a person may take longer to heal
- When in doubt “opt out”

## **Information Links**

Alberta Education:

<http://www.education.alberta.ca/admin/healthandsafety>

Safety Guidelines for Physical Activity in Alberta Schools- June 2013:

[http://injurypreventioncentre.ca/documents/policies/SG\\_PA\\_Final\\_2014.pdf](http://injurypreventioncentre.ca/documents/policies/SG_PA_Final_2014.pdf)

Sport Medicine Council of Alberta:

<http://www.sportmedab.ca/content.php?id=1745>

Concussion Awareness Training Tool:

[www.cattonline.com](http://www.cattonline.com)

## **Students with Concussion - District Procedures**

1. The principal shall ensure that emergency response training is provided to all employees who may typically encounter a concussion injury. It is recommended that coaches of high contact sport in schools (Rugby, Football) complete specific concussion training.
2. Primary responsibility for the management of a concussion rests with the impacted student, his/her parents (where appropriate), and/or appropriate medical personnel. Parents will need to relay and confirm medical recommendations and diagnosis/treatment plan to school staff. A medical note may be required.
3. All staff members who work with the student must be made aware of the student's situation as a concussion can impact physical and academic performance. It is clear that exertion, both physical and mental, worsens concussion symptoms and may delay recovery. Thus the most important treatment for concussion is rest.
4. Returning to activity should follow a gradual approach and only occur after medical permission has been granted. Refer to "Safety Guidelines for Physical Activity in Alberta Schools- June 2013" page 155 for step-wise approach (Step 1-6).

**In case of a concussion use the correct form:**

[504.1.9 Concussion Care Plan](#) (Procedure)

## **Student Illness or Accident at School - District Procedures**

1. Schools shall make provision for the temporary care and supervision of students who become sick or injured at school.
2. In the event of student illness or injury, where it is determined that, in the best interests of the student, he/she not remain at school, parents will be contacted and requested to come to the school to transport their child home or to an appropriate medical location.
  - 2.1. Further, students will not be dismissed from the school until a parent/guardian or emergency contact has provided consent.
3. If the student requires immediate medical attention and the parent cannot be contacted, the employee or agent of the Board shall:
  - 3.1. arrange for the transportation of the student to a medical facility;
  - 3.2. attend or arrange for another employee's attendance with the student at the medical facility;
  - 3.3. provide the health care provider with the student's health care number; and
  - 3.4. remain with the student until:
    - 3.4.1. relieved by the parent;
    - 3.4.2. relieved by another employee;
    - 3.4.3. the student is discharged by the practitioner or medical facility and is taken back to the school or placed in the care of a responsible adult; or
    - 3.4.4. advised by a medical practitioner that there is no further need to remain as the treatment and safety of the student has been undertaken by the medical facility or institution.
  - 3.5. upon arrival at the practitioner or facility, advise those in authority that he or she is not the parent of the student;
  - 3.6. refrain from providing any consent for medical treatment of the student; and
  - 3.7. advise the principal of the situation and action taken.
4. The school shall require every employee or agent of the Board involved in obtaining medical services for the student to document:

- 4.1. student accidents on the District reporting system; and/or
- 4.2. any incident requiring the provision of medical services, paying careful attention to time(s) and observation of the student.
5. All staff and authorized supervisors are protected by the Board's liability insurance when acting within the scope of their duties as approved by the school administration.

### Use the correct form:

To Report an Accident: [click here](#)

## Health Issues Not Covered in this Manual

This manual outlines regulations for the management of the most common health related issues encountered in schools. It is understood that from time to time, students and/or staff with medical conditions not covered in this manual may be in our schools.

1. For students in this situation, the Principal shall meet with the parent/guardian to determine:
  - 1.1. if the medical condition is potentially life threatening and therefore requires a formal care plan to ensure student safety;
  - 1.2. who in the school should be made aware of the medical condition; and
  - 1.3. if a staff training session might be necessary.
2. If a care plan is deemed necessary it should be modeled after [Form 504.1.4](#) Anaphylaxis Emergency Plan such that it includes:
  - 2.1. a student photo;
  - 2.2. a description of the life threatening condition;
  - 2.3. critical triggers, signs and symptoms to watch for;
  - 2.4. recommended responses to critical situations;
  - 2.5. emergency contacts; and
  - 2.6. parent/guardian and physician signatures.
3. For some situations, additional resources may be accessed by contacting the Director, Student Services and/or District counseling services in order to:
  - 3.1. obtain additional information regarding the nature of the medical condition;



- 3.2. further explore the best educational programming strategies for the student;  
and
- 3.3. inquire about additional community supports and resources that may exist.
- 4. Any staff members with a medical condition not covered in this manual are encouraged to contact Human Resources to discuss:
  - 4.1. implications for the work environment;
  - 4.2. the support services available through the District Employee Wellness Program;
  - 4.3. the potential need for a formal care plan;
  - 4.4. who in the District should be made aware of the condition; and
  - 4.5. if a staff training session might be necessary.
- 5. For any complex health situation, it is recommended that Alberta Health Services be contacted in order to obtain accurate information regarding the medical condition and, where appropriate, to provide input on a formal care plan.

## **Information Link**

Understanding Medical and Disability Information for Teachers:

<http://www.learnalberta.ca/content/inmdict/html/index.html>



# Appendix A

Head Lice Information from Alberta  
Health Services

# Head Lice

## What Are Head Lice?

Head lice, or the medical condition known as pediculosis, are a pesky problem that anyone can have at some point in their life. Most often infestations occur in children 3 to 11 years of age.

Head lice are not dangerous and they do not spread disease but they can and do spread from person to person. Having dirty hair does not cause head lice.

Head lice cannot fly or jump and you cannot get them from your pets.

While they may be found anywhere on the head, they prefer to live on the scalp along the neckline and behind the ears. When lice bite the scalp they cause itching.

## How Do I Know If My Child Has Head Lice?

Children may say they have a tickling feeling on their head or may be very itchy on their scalp.

It can take up to 4-6 weeks for a person to experience itching.

The only way to be sure a person has an active case of lice is to find live lice.

Lice are not easy to see and can be hard to find. They are about the size of a sesame seed. They are usually greyish white or brown.

Nits are small, oval and blend into the color of the hair. Each nit is firmly attached to a hair. They cannot be washed out or flicked off like dandruff. Finding nits does not mean the individual has a current infestation and they should not be treated based on finding nits.



Head louse



Louse egg (nit) on hair

## How Do I Check for Lice?

Detection combing is the recommended method to check for head lice.

Detection combing is an organized examination of the hair, from the scalp outwards, to find head lice. Finding lice by parting the hair and looking at the scalp is not particularly efficient and likely to miss many infestations.

Please see Head-Lice-Detection Combing handout

For a demonstration on detection combing:  
[www.youtube.com/watch?v=je-cWdTrhFQ](http://www.youtube.com/watch?v=je-cWdTrhFQ)

## Can My Child Attend School?

Once children are treated they can return to school because:

- Head lice do not spread disease
- Children can have head lice for several weeks with no symptoms.
- The presence of nits indicates a past infestation that may not be currently active
- Cases of head lice are often misdiagnosed

## How can you prevent the spread of head lice?

- Teach your children how head lice are spread (by direct contact with the head of someone with an infestation) and to avoid this kind of activity.
- It is a good idea to teach your children not to share brushes, combs or head gear such as hats, bandanas, etc.
- Check your child's head for live lice once a week all year long and daily during an outbreak.
- Head-to-head contact may be less if long hair is braided or tied back.

## What is the Treatment for Head Lice?

- Health Canada recommends treatment with a topical insecticide (pyrethrins, permethrin 1% or lindane) or a non-insecticidal product called Resultz® (for use in individuals 4 years of age and older). These products are available over the counter at drug stores.
- Tell the pharmacist if anyone needing treatment is pregnant, breastfeeding, under 6 years of age, has allergies or a serious health problem.
- It is very important to read and follow the package directions carefully. Some products recommend that there should not be Crème Rinse or Conditioner on the hair, as it may prevent the treatment from working
- Each product is different and has detailed directions for use. For example one product might say it should be put on dry hair while another should be put on wet hair. Each will say how long it should be left on the hair before rinsing out.
- Avoid unnecessary contact with the product since it can be absorbed through the skin.
- The treatment course for each of these products involves an initial application followed by a second application in 7 to 10 days as per the manufacturer's recommendations.
- Most approved treatments will kill the lice, but are not effective against the nits.
- A second treatment in 7 to 10 days will kill the lice that have hatched since the first treatment before they are mature enough to lay new eggs.
- Check the heads of anyone who was treated daily for 3 weeks after the first treatment
- The presence of nits indicates a past infestation that may not be active.
- Public Health does recommend removal of nits within 1 ½ inches of the scalp to ease in identification of re-infestation
- If live lice are found on the head 24 to 48 hours after the treatment, contact your pharmacist or public health nurse for advice.
- **DO NOT treat unless you are sure that you have found a living, moving louse**

## Do Other Treatments Work?

Many home recipes and products sold in stores are based on mixtures of essential oils (eucalyptus, lavender, tea tree, etc), salts or other natural substances. Some people have used oils like mayonnaise, olive oil and Vaseline or hair gels to try to smother lice.

Public Health does not recommend any of these products as there is no proof that they work.

## I Keep Treating My Child But He/She Keeps Getting Head Lice. Why?

The following are several common reasons why treatment for head lice may fail:

- Applying the treatment to hair that has been washed with conditioning shampoo or rinsed with hair conditioner
- Insufficient application of pediculicide (the treatment)
- Re-infestation
- Resistance of the head lice to the treatment used
- Lack of removal of live nits that are within 1 ½ inch (3.81 cm) of scalp
- Misdiagnosis: Children can scratch for 2 or more weeks after treatment or other objects in the hair (dandruff or hair spray droplets etc) can be misidentified as lice

## What Cleaning Needs To Be Done?

Lice cannot live for more than 2-3 days away from the scalp so excessive cleaning is not necessary.

Choose the best method to clean the following items (washing in hot water for 15 minutes or running through a drier on the hottest setting):

- All personal hair care items such as combs, barrettes, etc. Repeat this daily until the lice are gone.
- Items that have been in prolonged or intimate contact with the child's head (bedding, hats, etc.) at the time of first treatment.

Items that cannot be washed should be placed in a sealed plastic bag for two weeks, or placed in the freezer for 48 hours at -10° C. (to prevent any eggs from hatching)

There is no need to vacuum or wash floors, carpets or furniture. Do not use household sprays or lice sprays. They do not work and may be harmful to people.

For more information contact:  
your local Public Health Office  
or your Physician  
or Health Link Alberta 1-866-408-5465

# Head Lice: Who's Responsibility Are They?

## Head Lice

Head lice or the medical condition known as pediculosis, are a pesky problem that anyone can have at some point in their life.

Head lice are not dangerous and they do not spread disease but they can and do spread from person to person.

Infection is common during school holidays as well as during the school year. Parents start to worry more about lice when children go back to school because they think the lice are being caught there.

Research indicates that most lice are caught from close family and friends in the home and community, not just from the school.

Head louse infection is a problem of the whole community, not just the schools. Co-ordinated efforts between parents, teachers, schools, public health and the community are necessary to control outbreaks of head lice.

## Role and Responsibilities

### Parents' Role:

- Be aware of the signs and the symptoms of infestation;
- Be familiar with the technique for examining hair for lice and nits;
- Examine their children's heads weekly for signs of infestation as part of routine hygiene;
- Notify the school when their child has lice and others who have come into contact with the child, that is, family members, neighbours, etc.;
- Carry out treatment on family members with live moving lice;
- Wash personal items such as combs, brushes, bedding and hats;
- Inform the school that treatment has been completed

### School's Role:

- Schools should not take on the responsibility of checking heads for head lice as traditional methods of parting the hair and looking at the scalp is not efficient and many infestations may be missed.
- "Alert" letters should not be sent out. These can cause an "outbreak" of imaginary lice.
- Research indicates children who may have lice should not be excluded from school; if they do have lice, they will probably have been there for weeks already.
- The school should give best practice information on lice to parents and staff, including the importance of regular detection combing and how to do it. Provision of information should be on a regular basis throughout the year, not just when there is thought to be an "outbreak."

### Public Health Role

- Providing Best Practice treatment guidelines to schools, to parents and community agencies upon request;
- Assisting school boards and schools to implement head lice policies and protocols;
- Consultation on difficult-to-treat cases of head lice

For more information contact:

Your local Public Health Office  
or your Physician  
or  
Health Link Alberta 1-866-408-5465

# Head Lice – Detection Combing

## What is Detection Combing?

Detection Combing is an organized examination of the hair, from the scalp outwards, to find head lice. Finding lice by parting the hair and looking at the scalp is not particularly efficient and likely to miss many infestations.

## How Do I Do Detection Combing?

You need:

1. Plastic fine-toothed comb. Available in most Drug Stores. Many combs sold as louse detection and removal combs are unsuitable for the purpose. Combs with flat-faced, parallel-sided teeth less than 0.3mm apart are appropriate. Metal combs are harsh and may pull hair out.
2. Good lighting
3. Ordinary comb

### Steps

- Wash the hair well and then dry it with a towel. The hair should be damp. Detection combing dry hair can lead to static in the hair and lice can be repelled from the comb into the air as the comb is withdrawn from the hair.
- Make sure there is good light. Daylight is best.
- Comb the hair with an ordinary comb.
- Start with the teeth of the fine-toothed comb touching the skin of the scalp at the top of the head. Keep the comb in contact with the scalp as long as possible, draw the comb carefully towards the edge of the hair.
- Look carefully at the teeth of the comb in good light.
- Wipe the fine-toothed comb off on white tissue (like Kleenex or paper towel) to see any lice that may be caught in the comb
- Repeat the combing over and over again from the top of the head to the edge of the hair in all directions, working round the head.
- Do this for several minutes. It takes 10 to 15 minutes to do it properly for each head.
- If there are head lice, you will find one or more lice on the teeth of the comb.

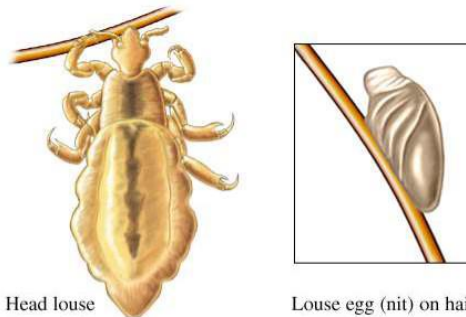
- Head lice are little insects with moving legs. They are often not much bigger than a pin head, but may be as big as a sesame seed (the seeds on burger buns).
- When you have finished clean the comb under the tap. A nail brush helps to do this. Put the tissue you used to clean the comb in the garbage
- If you find something and aren't sure what it is, stick it on a piece of paper with clear sticky tape and show it to your public health nurse or family doctor. There may be other things in the hair that are not lice.

## Notes

For a demonstration on detection combing: [www.youtube.com/watch?v=je-cWdTrhFQ](http://www.youtube.com/watch?v=je-cWdTrhFQ)

If you need help and advice, ask your local Public Health Nurse.

Don't treat unless you are sure that you have found a living, moving louse.



Head louse

Louse egg (nit) on hair



The head louse is about the size of a sesame seed.

The head louse and the nit in this picture have been enlarged approximately 100 times

For more information contact:

Your local Public Health Office  
or your Physician  
or  
HealthLink Alberta 1-866-408-5465

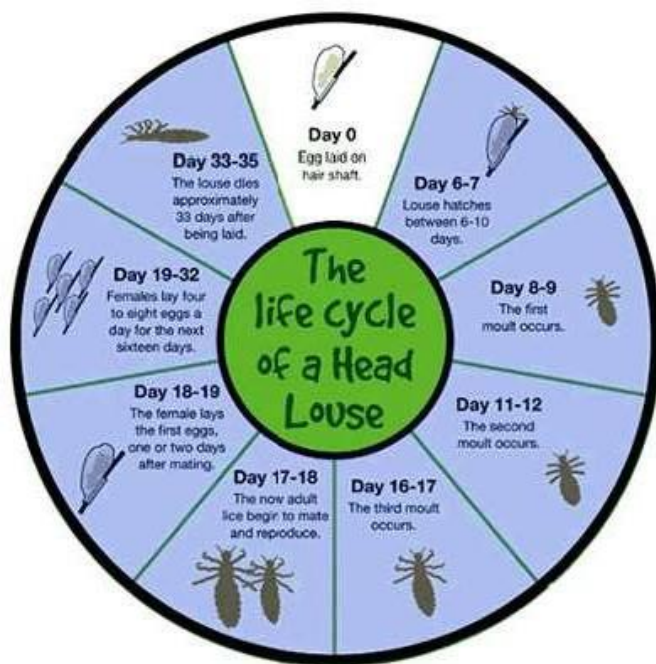
## Health Professionals Resource on Head Lice (July 2012)

Topic	Information	References
What are headlice?	<p>Head lice are a pesky problem that anyone can have at some point in their life. Most often infestations occur in children 3 to 11 years of age (CDC). Head lice are found world wide in both developing countries and developed countries. Hundreds of millions cases of head lice are reported annually. Head lice are not dangerous and they do not spread disease but they can and do spread from person to person. Head lice cannot fly or jump and you cannot get them from your pets. The head louse is a parasitic insect that can be found on the head, eyebrows, and eyelashes of people.</p>	<ul style="list-style-type: none"> <li>Centers for Disease Control and Prevention, Parasites-Lice-Head Retrieved December 2011 from <a href="http://www.cdc.gov/parasites/lice/head">http://www.cdc.gov/parasites/lice/head</a></li> <li>Medscape Reference Drug Disease and Procedures Pediculosis (Lice) Lyn Guenther, MD, FRCP(C), Retrieved Feb 16, 2012 from <a href="http://emedicine.medscape.com/article/225013-overview">http://emedicine.medscape.com/article/225013-overview</a></li> </ul>
What do head lice and nits look like?	<p>Head lice are small insects; approximately 2 to 4 mm long (the size of a sesame seed). They have 6 legs and are usually tan to grayish white in color. They do not have wings and cannot jump or fly, but they do move quickly on the hair.</p>  <p>Head Lice adult male louse (right) and an adult female louse (left).</p>  <p>Nits <a href="http://www.liceremovallosangeles.com/Pictures-of-lice-and-nits.html">http://www.liceremovallosangeles.com/Pictures-of-lice-and-nits.html</a></p> <p>Nits (eggs) are attached to the shaft of the hair close to the scalp with a glue-like substance. They are not easily removed and will not fall out of the hair easily. Nits that have already hatched are often more visible than eggs that have not because they appear white in color against dark hair. Nits that have not hatched blend into the</p>	<ul style="list-style-type: none"> <li>Saskatchewan Ministry of Health (November 2010). Head Lice Recommendations 2010, Q's and A's for Public.</li> <li><a href="http://www.liceremovallosangeles.com/Pictures-of-lice-and-nits.html">http://www.liceremovallosangeles.com/Pictures-of-lice-and-nits.html</a></li> <li>Centers for Disease Control and Prevention, Parasites-Lice-Head Retrieved December 2011 from <a href="http://www.cdc.gov/parasites/lice/head">http://www.cdc.gov/parasites/lice/head</a></li> <li>Canadian Pediatric Society (2008). Head lice infestations: a clinical update. Pediatric Child Health, 13(8): 692-6</li> <li>Public Health Medicine Environmental Group, Head Lice: Evidence –Based Guidelines Based on the Stafford Report 2008 Update.</li> <li>Nova Scotia Public Health Services (2008). Guidelines for the treatment of pediculosis capitis (head lice).</li> </ul>



	hair color of the infested person. Nits are found more easily at the back of the head along the hairline.	
What is the life cycle of the head louse?	<p>Life cycle of head lice consists of three stages:</p> <p><u>Nits (eggs)</u></p> <ul style="list-style-type: none"> <li>• oval, usually white in color, may be mistaken for dandruff, are firmly attached to a hair shaft, close to the scalp</li> <li>• Eggs that are likely to hatch are usually located no more than ¼ inch from the base of the hair shaft where temperature is optimal for incubation</li> </ul> <p>Nits hatch in about 6-10 days if they are kept near body temperature, and they mature in another 8-9 days. Nits can survive for up to 10 days away from the human host. Cooler temperatures retard both hatching and maturation. (Note: This is why unwashable items are bagged for 2 weeks – they could hatch)</p> <p><u>Nymph (baby louse)</u></p> <ul style="list-style-type: none"> <li>• lives on scalp and feeds off human blood</li> <li>• matures in 1 week (12 to 15 days) into an adult louse</li> <li>• if a nymph falls off a person it usually survives only one day</li> </ul> <p><u>Adult Louse</u></p> <ul style="list-style-type: none"> <li>• size of a sesame seed, has 6 legs, and is tan to grayish-white</li> <li>• The adult female louse lays eggs, called nits, and glues them at the base of the hair shaft (The female head louse lays as many as 10 eggs per 24 hours, usually at night. Egg and glue extrusion onto the hair shaft takes 16 seconds)</li> <li>• can live up to 30 days on a person's head</li> <li>• feeds on human blood</li> </ul>	<ul style="list-style-type: none"> <li>• Centers for Disease Control and Prevention, Parasites-Lice-Head Retrieved December 2011 from <a href="http://www.cdc.gov/parasites/lice/head">http://www.cdc.gov/parasites/lice/head</a></li> <li>• Medscape Reference Drug Disease and Procedures Pediculosis (Lice) Lyn Guenther, MD, FRCP(C), Retrieved Feb 16, 2012 from <a href="http://emedicine.medscape.com/article/225013-overview">http://emedicine.medscape.com/article/225013-overview</a></li> <li>• The life cycle of a Head Louse, Retrieved Dec 2011 from <a href="http://www.skin-and-scalp-treatment.com/images/head-lice-photos-21491015.jpg">http://www.skin-and-scalp-treatment.com/images/head-lice-photos-21491015.jpg</a></li> </ul>

- The adult head louse survives only 1-2 days away from its host.



Where are head lice found?	<p>Head lice are parasites, which mean they live in or on another host or organism. Humans are the only possible hosts of lice.</p> <p>While they can be found anywhere on the head, they prefer to live on the scalp along the neckline and behind the ears.</p>	<ul style="list-style-type: none"> <li>• Public Health Medicine Environmental Group, Head Lice: Evidence –Based Guidelines Based on the Stafford Report 2008 Update.</li> <li>• Saskatchewan Ministry of Health (November 2010). Head Lice Recommendations 2010, Q's and A's for Public.</li> </ul>
What are the signs and symptoms of head lice infestation ?	<p>Children may say they have a tickling feeling on their head or may be very itchy on their scalp.</p> <p>Other symptoms include sleeplessness and red marks on the scalp</p> <p>When lice bite the scalp, they may cause itching. The first time a person has head lice, it can take up to 4-6 weeks for a person to become sensitized to the louse saliva and experience itching. Itchiness can develop within 24-48 hours of future infestations.</p>	<ul style="list-style-type: none"> <li>• Canadian Pediatric Society (2008). Head lice manifestations: A clinical update. Pediatric Child Health, 13(8), 692-696.</li> </ul>
Who is at risk for	Anybody can get head lice. Children as well as adults can get head lice	<ul style="list-style-type: none"> <li>• Public Health Medicine Environmental Group, Head Lice: Evidence –Based Guidelines Based on</li> </ul>

getting headlice?	Head louse infection is a problem of the community, not just the schools. Many head louse infections are caught from close family and friends in the home and community, not just from the school.	<p>the Stafford Report 2008 Update.</p> <ul style="list-style-type: none"> <li>Saskatchewan Ministry of Health (November 2010). Head Lice Recommendations 2010, Q's and A's for Public.</li> </ul>
How did my child get head lice?	<p>Head-to-head contact with an already infested person is the most common way to get head lice. Head-to-head contact is common during play at school, at home, and elsewhere (sports activities, playground, slumber parties, and camp).</p> <p>Although uncommon, head lice can be spread by sharing clothing or belongings. Lice crawl on to clothing, or a nit attached to a shedded hair shaft gets into the shared clothing or belongings. Examples include: sharing clothing (hats, scarves, coats, sports uniforms) or articles (hair ribbons, barrettes, combs, brushes, towels, stuffed animals) recently worn or used by an infested person; or lying on a bed, couch, pillow that has recently been in contact with an infested person.) Lice can also be dislodged by combs, towels, and air movement (including hair dryers in either low or high setting). Hair combing and sweater removal may eject adult lice more than 1 meter from infested scalps. Head lice can travel up to 23 cm/min. The head louse is unable to move on smooth surfaces (eg, glass, plastic).</p> <p>Dogs, cats, and other pets do not play a role in the spread of head lice.</p>	<ul style="list-style-type: none"> <li>Medscape Reference Drug Disease and Procedures Pediculosis (Lice) Lyn Guenther, MD, FRCP(C), Retrieved Feb 16, 2012 from <a href="http://emedicine.medscape.com/article/225013-overview">http://emedicine.medscape.com/article/225013-overview</a></li> </ul>
How do I check for head lice?	<p>The only reliable method of diagnosing current, active infection with head lice is by detection combing. A recent study found that detection combing was 3.84 times more effective than visual inspection for finding live lice. The technique should be carefully described in protocols for the public and professionals.</p> <p>Finding lice by the traditional method of parting the hair and looking at the scalp is not particularly efficient and likely to miss a high proportion of infestations.</p> <p>Detection combing should be done by parents or family members following advice from leaflets and support from the school nurse. Professionals should not necessarily rely on such diagnoses without</p>	<ul style="list-style-type: none"> <li>Public Health Medicine Environmental Group, Head Lice: Evidence –Based Guidelines Based on the Stafford Report 2008 Update.</li> <li>Nursing Times.net, Detection Combing, Retrieved March 13, 2012 <a href="http://www.nursingtimes.net/nursing-practice-clinical-research/detection-combing/205846.article">http://www.nursingtimes.net/nursing-practice-clinical-research/detection-combing/205846.article</a></li> <li>Medscape Reference Drug Disease and</li> </ul>

	<p>asking to see the evidence, for example, a louse stuck on paper with clear adhesive tape.</p> <p><b>Detection combing – how to do it</b></p> <ul style="list-style-type: none"><li>• You need:</li><li>• A fine-toothed comb (from the pharmacist) Metal combs are too harsh and can pull out hair.</li><li>• Good lighting</li><li>• Ordinary comb</li><li>• Wash the hair well and then dry it with a towel. The hair should be damp.</li><li>• Make sure there is good light. Daylight is best.</li><li>• Comb the hair with an ordinary comb.</li><li>• Start with the teeth of the fine-toothed comb touching the skin of the scalp at the top of the head. Keeping in contact with the scalp as long as possible, draw the comb carefully towards the edge of the hair.</li><li>• Look carefully at the teeth of the comb in good light.</li><li>• Wipe the comb off on a white tissue (Kleenex) to see any lice that may be caught in the teeth of the comb</li><li>• Do this over and over again from the top of the head to the edge of the hair in all directions, working round the head.</li><li>• Do this for several minutes. It takes 10 to 15 minutes to do it properly for each head.</li><li>• If there are head lice, you will find one or more lice on the teeth of the comb or notice them on the tissue.</li><li>• Head lice are little insects with moving legs. They are often not much bigger than a pin head, but may be as big as a sesame seed (the seeds on burger buns).</li><li>• Clean the comb under the tap. A nail brush helps to do this.</li><li>• If you find something and aren't sure what it is, stick it on a piece of paper with clear sticky tape and show it to your public health nurse. There can be other things in the hair that are not lice.</li></ul> <p><b>Notes</b></p> <ul style="list-style-type: none"><li>• You can buy a plastic fine-toothed comb from the pharmacist. Many combs sold as louse detection and removal combs are unsuitable for the purpose. Only those with flat-faced, parallel-sided teeth less than 0.3mm apart are appropriate.</li><li>• If you need help and advice, ask your local pharmacist, public health nurse.</li></ul>	<p>Procedures Pediculosis (Lice) Lyn Guenther, MD, FRCP(C), Retrieved Feb 16, 2012 from <a href="http://emedicine.medscape.com/article/225013-overview">http://emedicine.medscape.com/article/225013-overview</a></p>
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	<ul style="list-style-type: none"> <li>Don't treat unless you are sure that you have found a living, moving louse.</li> </ul>	
How is head lice diagnosed?	<p>The diagnosis of head lice infestation requires the detection of a living louse. The presence of nits indicates a past infestation that may not be currently active. Because nymphs and adult lice are very small, move quickly, and avoid light, they can be difficult to find. Use of a magnifying lens and a fine-toothed comb may be helpful to find live lice. If crawling lice are not seen, finding nits firmly attached within a ¼ inch of base of the hair shafts strongly suggests, but does not confirm, that a person is infested and should be treated. Nits that are attached more than 1 inch from the base of the hair shaft are almost always dead or already hatched. Nits are often confused with other things found in the hair such as dandruff, hair spray droplets, and dirt particles. If no live nymphs or adult lice are seen, and the only nits found are more than ¼-inch from the scalp, the infestation is probably old and no longer active and does not need to be treated.</p> <p>LIVE nits will show up white when a wood lamp (ultra violet lamp) is used in a dark room. (Medscape)</p> <p>Misdiagnosis and over-treatment are common. When a case of head lice is detected in a classroom, parents of other children should respond by checking their children's heads on a regular basis and treat only when live lice are detected.</p> <p>Many scalp conditions cause itching. Live lice must be detected.</p>	
How do head lice spread?	<ul style="list-style-type: none"> <li>Transmission in most cases occurs by direct contact with the head of an infested individual. Indirect spread through contact with personal belongings of an infested individual (combs, brushes, hats, etc.) is much less likely but may occur rarely. This is because a louse found on these items is likely to be injured or dead and a healthy louse is not likely to leave a healthy head unless there is a heavy infestation.</li> <li>Head lice can walk from one head to another when the heads are touching for some time.</li> <li>You are very unlikely to pick up head lice from brief contact with other people. The longer you have head-to-head contact with someone who has lice, the more likely it is you will get them too.</li> <li>They can't swim, fly, hop or jump. The idea that they can jump</li> </ul>	<ul style="list-style-type: none"> <li>Saskatchewan Ministry of Health (November 2010). Head Lice Recommendations 2010, Q's and A's for Public.</li> <li>Centers for Disease Control and Prevention, Parasites-Lice-Head Retrieved December 2011 from <a href="http://www.cdc.gov/parasites/lice/head">http://www.cdc.gov/parasites/lice/head</a></li> <li>Canadian Pediatric Society (2008). Head lice infestations: a clinical update. Pediatric Child Health, 13(8): 692-6</li> </ul>

	<p>may have come from the fact that, when dry hair is combed, a head louse caught on the teeth of the comb is sometimes flicked off by static electricity (this is one reason why detection combing should be done with the hair damp).</p> <ul style="list-style-type: none"> <li>You don't get them from objects such as chair backs. Although it's just possible that a louse might get from one head to another if a hat is shared, this is very unlikely. It's not the way infection is usually caught.</li> </ul> <p>Hair combing and sweater removal may eject adult lice more than 1 meter from infested scalps. Head lice can travel up to 23 cm/min. The head louse is unable to move on smooth surfaces (eg, glass, plastic).</p>	<ul style="list-style-type: none"> <li>Public Health Medicine Environmental Group, Head Lice: Evidence –Based Guidelines Based on the Stafford Report 2008 Update.</li> <li>Nova Scotia Public Health Services (2008). Guidelines for the treatment of pediculosis capitis (head lice).</li> <li>Medscape Reference Drug Disease and Procedures Pediculosis (Lice) Lyn Guenther, MD, FRCP(C), Retrieved Feb 16, 2012 from <a href="http://emedicine.medscape.com/article/225013-overview">http://emedicine.medscape.com/article/225013-overview</a></li> </ul>
<p><b>How can I prevent my child from getting head lice?</b></p>	<p>The main way to prevent the spread is to reduce the number of lice on the head of a person who has lice and to reduce the frequency of head-to-head contact with others Teach your children how head lice are spread - by direct contact with the head of someone with an infestation and to avoid this kind of activity.</p> <p>It is a good idea to teach your children not to share brushes, combs or head gear such as hats, bandanas, etc.</p> <p>Check your child's head for live lice once a week all year long and daily during an outbreak.</p> <p>Head-to-head contact may be less if long hair is braided or tied back.</p> <p>Providing education to children about the sharing of hats, combs, and hair-ties is also a good idea.</p> <p>Giving children separate areas to store their belongings in the classroom may help prevent the spread of lice (Medscape) (Schools may want to consider under-the-desk bins for storage of coats, hats etc.)</p>	
<p><b>How is head lice treated?</b></p>	<ul style="list-style-type: none"> <li>Anyone who has an active infestation of head lice (live lice) should be treated with a product that is appropriate for them. This means that siblings, parents or bed-mates should be treated only if live lice are found when they are checked.</li> <li>Health Canada recommends treatment with a topical insecticide (pyrethrins, permethrin 1% or lindane) or a recently approved</li> </ul>	<ul style="list-style-type: none"> <li>Saskatchewan Ministry of Health (November 2010). Head Lice Recommendations 2010, Q's and A's for Public.</li> <li>Centers for Disease Control and Prevention, Parasites-Lice-Head Retrieved December 2011 from <a href="http://www.cdc.gov/parasites/lice/head">http://www.cdc.gov/parasites/lice/head</a></li> </ul>

	<p>non-insecticidal product called Resultz® (for use in individuals 4 years of age and older). These products are available over the counter at the pharmacy.</p> <ul style="list-style-type: none"><li>• <b>It is very important to read and follow the package directions carefully!</b></li><li>• Tell the pharmacist if anyone needing treatment is pregnant, breastfeeding, under 6 years of age, has allergies or a serious health problem.</li><li>• The treatment course for each of these products involves an initial application followed by a second application in 7 to 10 days as per the recommendations on the product.</li><li>• Most approved treatments will kill the lice, but are not effective against the nits.</li><li>• A second treatment in 7 to 10 days will kill the lice that have hatched since the first treatment before they are mature enough to lay new eggs.</li><li>• Overtreatment and misdiagnosis are common.</li><li>• Do not treat anyone with a head lice product unless you find live lice in their hair.</li><li>• The presence of nits indicates a past infestation that may not be active.</li><li>• "Resultz" works by breaking down the waxy exoskeleton (skin) of the lice and they get dehydrated and die.</li></ul> <p>Treatments are highly effective in killing nymphs and mature lice but less effective in killing eggs. That is why a second treatment is needed 7 to 12 days later to kill nits that hatch before they mature and start laying eggs</p> <p>Frequent treatments may cause persistent itching.</p>	<ul style="list-style-type: none"><li>• Canadian Pediatric Society (2008). Head lice infestations: a clinical update. Pediatric Child Health, 13(8): 692-6</li><li>• Public Health Medicine Environmental Group, Head Lice: Evidence –Based Guidelines Based on the Stafford Report 2008 Update.</li><li>• Nova Scotia Public Health Services (2008). Guidelines for the treatment of pediculosis capitus (head lice).</li></ul>
I keep treating my child but	The following are several common reasons why treatment for head lice may fail sometimes:	

<p>she keeps getting head lice. Why?</p>	<ul style="list-style-type: none"> <li>• <u>Non Compliance</u> No treatment</li> <li>• <u>Misdiagnosis</u>. The symptoms are not caused by an active head lice infestation.</li> <li>• <u>Applying the treatment to hair that has been washed with conditioning shampoo or rinsed with hair conditioner</u>. Conditioners can act as a barrier that keeps the head lice medicine from adhering to the hair shafts; this can reduce the effectiveness of the treatment.</li> <li>• <u>Insufficient application of pediculicide</u>. Not enough pediculicide applied or not left on the hair for the correct duration</li> <li>• <u>Not following carefully the instructions for the treatment that is used</u>. Some examples of this include not applying a second treatment if instructed to do so, or retreating too soon after the first treatment before all the nits are hatched and the newly hatched head lice can be killed. Another reason is retreating too late after new eggs have already been deposited.</li> <li>• <u>Resistance of the head lice to the treatment used</u>. The head lice may have become resistant to the treatment. If the treatment used does not kill the head lice, your health care provider and pharmacist can help you be sure the treatment was used correctly and may recommend a completely different product if they think the head lice are resistant to the first treatment.</li> <li>• <u>Re-infestation</u>. The person was treated successfully and the lice were eliminated, but then the person becomes infested again by lice spread from another infested person. Sometimes re-shampooing the hair too soon (less than 2 days) after correctly applying and removing permethin can reduce or eliminate any residual (continued) killing effect on the lice.</li> <li>• <u>Lack of removal of live nits</u> that are within 1 ½ inch (3.81 cm) of scalp</li> </ul>	
<p>Do other treatments work?</p>	<ul style="list-style-type: none"> <li>• Many home recipes and products sold in stores are based on mixtures of essential oils (eucalyptus, lavender, tea tree etc), salts or other natural substances.</li> </ul>	<ul style="list-style-type: none"> <li>• Saskatchewan Ministry of Health (November 2010). Head Lice Recommendations 2010, Q's and A's for Public.</li> </ul>



	<ul style="list-style-type: none"> <li>Some people have used oils like mayonnaise, olive oil, and Vaseline or hair gels to smother lice.</li> <li>Products such as gasoline and kerosene are flammable, toxic and dangerous.</li> <li>There is no proof that any of these work. Products intended for treating lice in animals are not recommended for human use. These products show little killing of lice and are less effective than topical insecticides. There are no published trials on the safety or efficacy of these home-remedies.</li> </ul>	<ul style="list-style-type: none"> <li>Centers for Disease Control and Prevention, Parasites-Lice-Head Retrieved December 2011 from <a href="http://www.cdc.gov/parasites/lice/head">http://www.cdc.gov/parasites/lice/head</a></li> <li>Canadian Pediatric Society (2008). Head lice infestations: a clinical update. Pediatric Child Health, 13(8): 692-6</li> <li>Public Health Medicine Environmental Group, Head Lice: Evidence –Based Guidelines Based on the Stafford Report 2008 Update.</li> <li>Nova Scotia Public Health Services (2008). Guidelines for the treatment of pediculosis capitus (head lice).</li> </ul>
What cleaning do I need to do at home?	<p>Lice cannot live for more than 2-3 days away from the scalp so excessive cleaning is not necessary. Choose the best method to clean the following items (washing in hot water for 15 minutes or running through a dryer on the hottest setting):</p> <ul style="list-style-type: none"> <li>All personal hair-care items such as combs, barrettes, etc. Repeat this daily until the lice are gone.</li> <li>Items that have been in prolonged or intimate contact with the child's head (bedding, hats, etc.) at the time of first treatment.</li> </ul> <p>Items which cannot be washed should be placed in a sealed plastic bag for two weeks, or placed in a freezer for 48 hours at -10° C.</p> <p>There is no need to vacuum or wash floors, carpets or furniture.</p> <p>Do not use household sprays or lice sprays. They do not work and may be harmful to people.</p> <p>.</p>	<ul style="list-style-type: none"> <li>Saskatchewan Ministry of Health (November 2010). Head Lice Recommendations 2010, Q's and A's for Public.</li> </ul>
No Nit Policies	<ul style="list-style-type: none"> <li>Public Health Services does not support "No Nit Policies" or mass screenings for head lice or nits in schools.</li> </ul>	<ul style="list-style-type: none"> <li>Centers for Disease Control and Prevention, Parasites-Lice-Head Retrieved December 2011 from <a href="http://www.cdc.gov/parasites/lice/head">http://www.cdc.gov/parasites/lice/head</a></li> </ul>
Mass Screenings at School	<ul style="list-style-type: none"> <li>Public Health Services does not support the use of Lice Alert letters in the schools</li> </ul>	<ul style="list-style-type: none"> <li>Canadian Pediatric Society (2008). Head lice infestations: a clinical update. Pediatric Child</li> </ul>

Alert Letters	<ul style="list-style-type: none"> <li>• When an active head-lice infestation is discovered, the person has probably been infested for at least 1 month. There is no immediate risk on the day of detection.</li> <li>• Since mis-identification is very common, no nit policies often result in inappropriate exclusions from school. The resulting time lost by children from school and missed work by parents is substantial.</li> <li>• It is an unproductive and undesirable overreaction to a problem that is not a public health threat.</li> <li>• "No Nit" policies are not based on scientific or medical evidence, do not effectively control head lice transmission and should not be recommended.</li> <li>• One of the principal causes of unnecessary public alarm is the "alert letter" sent out by teachers, typically warning parents that "we have head lice in the school". This is an illogical and unnecessary reaction:</li> <li>• Most schools will always have some pupils with head lice at any one time. An "alert letter" could be sent out every day of the school year.</li> <li>• It often converts the usual background level of infection in the school into a pseudo-outbreak in which the parents' perception is that the school is riddled with lice.</li> <li>• Many parents become convinced they and their children have head lice when they in fact do not (psychogenic itch), or decide to use chemical lotions as inappropriate prophylaxis "just in case"</li> </ul> <p>See Handout "Roles of School, Public Health and Parents"</p>	<p>Health, 13(8): 692-6</p> <ul style="list-style-type: none"> <li>• Public Health Medicine Environmental Group, Head Lice: Evidence –Based Guidelines Based on the Stafford Report 2008 Update.</li> <li>• Nova Scotia Public Health Services (2008). Guidelines for the treatment of pediculosis capitis (head lice).</li> <li>• Saskatchewan Ministry of Health (November 2010). Head Lice Recommendations 2010</li> </ul>
Treatments	<p>Medicated lotions or shampoos may be used to eliminate head lice. Infested family members should also be treated. Re-treatment after a time interval of 7-10 days is recommended with many agents, to eradicate any lice that hatched from nits after the initial treatment.</p> <p>Mechanical removal of nits with fine-tooth combs is a valuable adjunct to pediculicide treatment. Removing all of the nits will make it easier to determine if there is a re-infestation with lice.</p> <p>Insecticides are chemicals that kill insects (bugs). In Canada, 3 insecticides are approved to treat head lice:</p> <ul style="list-style-type: none"> <li>• pyrethrin (found in R&amp;C Shampoo + Conditioner)</li> <li>• permethrin (Nix Creme Rinse or Kwellada-P Creme Rinse)</li> </ul>	

	<ul style="list-style-type: none"> <li>• lindane (Hexit Shampoo or PMS-Lindane Shampoo).</li> </ul> <p>Pyrethrin and permethrin are safe when used on humans. However, lindane can be toxic (poisonous). Products with lindane should not be used on infants or young children younger than 2 years of age. You don't need a prescription for these products.</p> <ul style="list-style-type: none"> <li>• Follow package directions carefully.</li> <li>• Don't leave the shampoo or rinse in the hair longer than directed.</li> <li>• Rinse hair well with cool water after the treatment. It's best to rinse over a sink, not in the bath or shower, so that other parts of the body don't come in contact with the product.</li> <li>• Repeat the treatment after 7 to 10 days.</li> </ul> <p>Sometimes, these treatments can make the scalp itchy or can leave a mild burning feeling. If your child is scratching after treatment, it does not necessarily mean the lice are back.</p> <p>A non-insecticidal product called isopropyl myristate/cyclomethicone (Resultz) has also been approved for use in Canada, but it should only be used in children 4 years of age and older:</p> <p>It works by breaking down the waxy exoskeleton ('skin') of lice. The lice get dehydrated and die.</p> <ul style="list-style-type: none"> <li>• Apply to a dry scalp and rinse after 10 min.</li> <li>• Repeat after 1 week.</li> </ul> <p>Do not treat anyone with a head lice product unless you find lice in their hair. Check all family members if someone in the house has head lice.</p> <p>Some people will continue to scratch for 2 weeks after the lice are treated.</p>	<ul style="list-style-type: none"> <li>• Canadian Pediatric Society web site <a href="http://www.caringforkids.cps.ca/handouts/head_lice">http://www.caringforkids.cps.ca/handouts/head_lice</a></li> </ul>
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