

Important Notice for Elementary School Parents:

Dear Anser Families,

You may have seen in the news that throughout the US (and in other countries) head lice is becoming more prevalent among young people and difficult to treat. As a result schools are seeing higher incidence of head lice among their students, leading to frustrated families and lost educational opportunities. Anser has not been immune to this problem. Over the past three years Anser staff has reviewed the current medical research regarding best practices for schools in dealing with head lice among students. (See attached.)

Anser follows the Boise School District policy on head lice. Anser's approach to head lice is aligned with the best practices for schools, with one exception; Anser has not implemented mass screenings for head lice one time per year. (Note: neither do most Boise Schools.) The current research suggests that most of the time mass screenings for head lice are ineffective at schools because even school nurses have a difficult time detecting lice. As you are aware, Anser has no medical staff, and our staff has felt inadequately trained to implement an effective mass screening. However, the research does indicate that when a highly qualified person does the inspection, undetected cases of head lice can be identified.

Anser was made aware of a new company in Boise specializing in the identification and treatment of head lice. The company, "Head Noggins Lice and Nit Removal and Prevention" are trained and certified in the detection of head lice. We have decided to use Head Noggins for a trial mass screening of elementary students upon return to school from Winter Break on Monday January 6th. We chose this date because research also suggests that the highest incidence of head lice occurs during breaks from school. In fact, transmission of lice at school occurs at an extremely low rate according to the American Academy of Pediatrics. If after performing the screening we feel that it was a good service to our families in detecting and treating lice, we will implement it again in future years.

The screening will take place in a manner to insure privacy. If evidence of lice is found, it will be collected, but the child will not be told they have evidence of lice. All students will be sent back to their classrooms. This will help us insure privacy and reduce any embarrassment for children. Parents will be notified if evidence of lice was detected on their child, and may pick up their child at the normal release time.

We ask that you please read the information we have provided both in this letter, and on the "Links" page of the Anser website where you can find information from the American Academy of Pediatrics and Central District Health regarding the identification and treatment of lice. Parents are the key to detecting and treating lice. Lice is very common among young children. It is not and should not be cause for stigma or embarrassment. It is our hope that by bringing in professionals to detect lice one time per year, it will raise awareness for families about what to look for, the importance of notifying the school of an incidence of lice and the many treatment options that are available to parents.

If you have any questions or concerns about the screening, or prefer that your child not be screened, please be in touch with Heather Dennis at hdennis@ansercharterschool.org.

Sincerely,

Heather Dennis and Suzanne Gregg



HEAD LICE - PRINCIPLES THAT SHOULD GUIDE SCHOOL POLICIES

USEFUL INFORMATION	BASED ON CURRENT MEDICAL KNOWLEDGE, THE FOLLOWING STEPS ARE SAFE AND EFFECTIVE PROTOCOLS
One of the worst problems of head lice is adult attitudes.	1. A single round of mass screening (lice checks) is recommended in Sept-Oct to detect children entering school with infestation,
Having head lice is not a serious medical condition.	2 These children should be sent home at the end of the day with an educational pamphlet on lice and nits for the parent, and detailed instructions for two-step (optionally day 0 and day 7 to 10) home treatment and nit removal.
Over treatment with lice treatment shampoos is more serious than head lice.	3. These children may return to school as soon as the first treatment is completed.
Irrational reactions to head lice can lead to fumigating classrooms, school, buses, etc. This is expensive and unnecessary	4. Do not check for nits (dead or alive) or enforce a no-nit policy for those who have been treated. It is not productive.
Much information about head lice is based on old, unproven information generated more than 80 years ago, some of it propagated by the companies who profit from the sale of lice shampoos and sprays	5. Repeated rounds of mass screening are not recommended.
Direct physical head to head contact is the usual method of transmission.	6. During the course of the school year, children will be brought to the notice of the school nurse as suspected cases of head lice from a variety of sources (teachers, students, other parents and affected children themselves). Repeat steps 2, 3, and 4 with these children.

Transmission via clothing, hats, furniture, carpets, school bus seats and other objects is not likely because of the biology of head lice.	7. If a child does have live lice on his/her head, the possibility of transmission to others has already been present for at least a month before any symptoms or detection was possible. To IMMEDIATELY EXCLUDE that child, especially if the child will just be sitting somewhere else in the school, CANNOT BE JUSTIFIED from either a medical, nursing or social perspective, and sends a negative message to the child.
Lice are fragile, and the chances of being passed on hats and combs are low.	8. In the rare event of a major uncontrolled transmission situation, implement a protocol for aggressive control. Components of such a protocol should include notification of parents of all children in the school to educate them about lice and to watch their children for infestation. Implement environmental measures such as separating headgear and jackets. Ensure treatment is completed prior to having children return to school for diagnosed cases of infestation.
Carpets, furniture and pets are not sources of infestation	9. Never tell a parent to treat “just in case”. The shampoos can be toxic and may cause real health problems.
There is no significant relationship between hair length or personal cleanliness and transmission.	10. Parents may have misconceptions and prejudices, which places pressure on school staff. As with any health condition, educating and supporting the child and parent with factual, non-judgmental information is better than having policies and practices driven by misinformation.
It is unlikely that a nit on a stray hair shaft will hatch because the only optimal conditions exist on the human head.	
Stray lice that fall off a head are either injured or dying and incapable of causing a new infestation.	
In time, inbreeding of lice on a person’s head causes them to die spontaneously, that’s why kids do not become covered with them. It is a self-limiting condition.	
It is not possible to tell whether treatment has been successful by the appearance of the eggs.	

<p>CONSIDERING THE AVERAGE CASE OF HEAD LICE IS 3-4 MONTHS OLD BEFORE IT IS DETECTABLE, A STRICT NO-NIT POLICY IS NOT NECESSARY OR EFFECTIVE AND ONLY DEPRIVES CHILDREN OF EDUCATIONAL TIME.</p>	
<p>Although schools, day care centers, etc. are often blamed for head lice outbreaks, it is the family unit that maintains cases leading to outbreaks in schools.</p>	