

**DISEASES – EXCLUSION OF STUDENTS WITH HEAD LICE, PARASITES, &
OTHER TRANSMITTABLE & INFECTIOUS CONDITIONS POLICY**

The Mountain Home School District (MHSD) is committed to the health, safety, and well-being of the students and staff. It is believed that unsafe and unhealthy conditions or situations should be dealt with immediately and thus eliminated from the school setting as soon as the condition is so defined. It is further believed that unsafe and unhealthy conditions are a detriment to the instructional process of the schools. Communicable, contagious, infectious, parasitic/fungal, bacterial/viral conditions may include, but are not limited to head lice, scabies, chicken pox, influenza, strep, pinkeye, and ringworm, staph-related (MRSA & strep), and skin/eye infections, etc., that can be transmitted from one individual to another.

For purposes of definition, the term “infected individual” includes both students and employees who have been identified as having a communicable parasitic or fungal condition.

Pursuant to authority in Idaho Code Section 33-512(7), the board of trustees has the power to exclude from school students with contagious or infectious diseases or who are under quarantine. The board will also close school on order of the State Board of Health or local health authorities.

MHSD board of trustees delegates to the superintendent or designee(s) and building administrators or designee(s) its authority to exclude from school students with contagious or infectious diseases or who are under quarantine (Idaho Code 33-513(2)). The superintendent or designee(s) and building administrators and designee(s) will also close school on order of the State Board of Health or local health authorities. The following procedures apply to and include, but not limited to:

A. HEAD LICE

Pediculosis, also known as head lice, is a common condition in the school-age child. Pediculosis is a nuisance, but has not been shown to spread disease. Personal hygiene or cleanliness in the home or school is not related to getting head lice.

MHSD will maintain a lice- and nit-free policy for students and adults who may have head lice. This means that following application of a pediculicide and removing the nits, there are no nits (eggs) left on the hair shafts. Persons are not allowed to be at school following the discovery of head lice and will be allowed to return only when they are nit-free.

The school principal or designee(s) may screen students for head lice. If nits (egg cases) or lice are present, the student will be excluded from school until the student is nit- and lice-free or until a licensed physician determines that the student is no longer contagious. If the principal or designee later suspects or determines that the student is again contagious, the student will be excluded from school until the student meets the criteria set forth above.

Persons returning to school with nits in their hair will be sent home repeatedly until they are nit-free. Exclusion from school until all nits are removed and the person is lice-free is necessary in controlling this condition.

CASE FINDING

1. During the entirety of the school year, all students, Kindergarten through Grade Six (K-6), may be examined for head lice. Any new student may be examined upon request for entry to school.
2. When a case is found, a notification of head lice letter will be sent home the same day to the parent/guardians of each student in the classroom. If multiple classrooms are affected, a notification of head lice letter will be sent home the same day to the parent/guardians of each student in the building. *See Policy No. 563F1.*

ADMINISTRATIVE HANDLING

1. The parent/guardian of an infested student will be notified and asked to come and take the student home as soon as possible. The parent/guardian will be shown some of the nits in order to:
 - a. Demonstrate that the student is infested; and
 - b. Enable the parent/guardian to see what a nit or louse looks like and, thus, gain the information needed to examine other family members for infestation.
2. The building administrative office will send a request for the student's homework to the student's teachers and have the homework ready for when the parent/guardian comes to collect the student.
3. Proof of treatment (note from physician or shampoo box top) must be given to the principal or designee(s) prior to the student returning to school.
 - a. The student will be reexamined for active pediculosis before readmission.
 - b. If the student returns without proof of treatment, and if the principal or designee(s) suspects or determines that the student is still contagious, the student may be refused readmission to school and sent home with a copy of a second letter to the parent/guardian. The parent/guardian will also be sent a separate letter.
 - c. If a student has been treated at least twice and is still coming to school with active pediculosis, the parent/guardian will be required to bring the student to school for seven (7) continuous school days to be checked before regular admission to school will be allowed.

4. If the principal or designee determines that the family cannot afford treatment, the principal may:
 - a. Request direct follow-up by the local health department; or
 - b. Arrange for medication to treat the infested student and infested members of his or her household. Medication may be furnished by the school district or by the principal or designee.

PREVENTING TRANSMISSION

1. When an outbreak of pediculosis occurs at school, classroom activities involving body-to-body or head-to-body contact between students may be temporarily suspended.
2. During an outbreak, group work around classroom tables may be temporarily suspended.
3. During an outbreak, teachers are required to:
 - a. Encourage students not to share combs, brushes, towels, hats, scarves, coats, sports uniforms, sports helmets, hair ribbons, or barrettes, and encourage students to keep their hats in their coat sleeves or pockets.
 - Suspend play on carpeted areas in grades K-6.
 - Janitorial staff shall disinfect students' desks and chairs and vacuum the floor and furniture.
 - b. Employees, who observe children constantly scratching their heads or have visible signs of lice or nits, should refer the child to the office.
 - c. Teachers, Coaches, and Students participating in activities involving close personal contact (e.g. drama, wrestling, and football), should be very vigilant in preventing the spreading of lice with other students.
 - Ensure that all shared athletic and activities equipment/clothing involving the head and shoulders are thoroughly cleaned and inspected for visual signs of lice or nits immediately after each use by an infested student.
 - d. An individual who becomes infested should wash all bed linens and clothes in hot water and laundry detergent frequently until the infestation has cleared.

B. PARASITIC, FUNGAL, & BACTERIAL INFECTIONS/CONDITIONS

Pursuant to authority in Idaho Code Section 33-512(7), the board of trustees has the power to exclude from school student with contagious or infectious diseases or who are under quarantine. The board will also close school on order of the State Board of Health or local health authorities.

MHSD is committed to the health, safety, and well-being of the students and staff. It is believed that unsafe and unhealthy conditions or situations should be dealt with immediately and thus eliminated from the school setting as soon as the condition is so defined. It is further believed that unsafe and unhealthy conditions are a detriment to the instructional process of the schools. Communicable parasitic and fungal conditions, e.g. head lice, scabies, pinkeye, and ringworm, staph-related, and skin/eye infections that can be transmitted from one individual to another.

MHSD board of trustees delegates to the superintendent or designee(s) and building administrators or designee(s) its authority to exclude from school students with contagious or infectious diseases or who are under quarantine (Idaho Code 33-512(2)). The superintendent or designee(s) and building administrators and designee(s) will also close school on order of the State Board of Health or local health authorities.

For purposes of definition, the term “infected individual” includes both students and employees who have been identified as having a communicable, contagious, infectious, parasitic/fungal, or bacterial/viral condition.

CASE FINDING

The determination of whether or not an infected individual shall be permitted to participate in school activities, attend classes, and/or work with other individuals in the school system shall rest with the building administrator as delegated by the superintendent. This decision shall be made on a case-by-case basis with the following considerations:

1. The extent of involvement of infection.
2. The expected type of interaction with others in the school setting.
3. The risks to both the infected individual and to others in the school setting.

Any student with a temperature of 100°F+; any student who is vomiting; any student that has an unknown skin rash; any student with a heavy cough not associated with asthma, bronchitis, allergies, or hay fever, and any student posing a health risk that might affect the health and wellbeing of other students and staff may not stay in school until the risk has subsided. The student’s parents or guardian will be asked to pick up their child as soon as possible.

When a case is found, the building will draft and mail a notification letter home the same day to the parent/guardians of each student in the classroom. If multiple classrooms are affected, the building will draft and mail a notification letter home the same day to the parent/guardians of each student in the building.

ADMINISTRATIVE HANDLING

For those individuals believed to have a communicable, contagious, infectious, parasitic/bacterial/fungal condition, the following procedures may be used:

1. The parent/guardian of an infected student will be notified and asked to come to school and take the student home as soon as possible.
2. The building administrative office will send a request for the student's homework to the student's teachers and have the homework ready for when the parent/guardian comes to collect the student.
3. The determination of whether or not to separate the infected individual from others shall be made by the building administrator or designee(s).
4. Infected individuals may not be permitted back into the school setting by the building administrator until proof of treatment, such as a note or statement from a licensed physician or the empty treatment container or package from the OTC/prescription has been accepted by the school building administrator or designee(s) prior to the student returning to school, and all other reasonable conditions have been met.
 - a. The student will be reexamined before readmission unless the student has a physician's note stating that the student is no longer infectious.
 - b. If the student returns without proof of treatment, and if the principal or designee(s) suspects or determines that the student is still contagious, the student may be refused readmission to school and sent home with a copy of a second letter to the parent/guardian. The parent/guardian will also be sent a separate letter.
5. If the principal or designee determines that the family cannot afford treatment, the principal may:
 - a. Request direct follow-up by the local health department; or
 - b. Arrange for medication to treat the infested student and infested members of his or her household. Medication may be furnished by the school district or by the principal or designee.
6. At the discretion of the building administrator, other parents of students, who may have come in contact with the infected individual, may be notified.

PREVENTING TRANSMISSION

1. Depending on the type of infection, when an outbreak of occurs at school, classroom activities involving body-to-body or head-to-body contact between students may be temporarily suspended.
2. Depending on the type of infection, during an outbreak, group work around classroom tables may be temporarily suspended.
3. During an outbreak, teachers are required to:
 - a. Encourage students not to share combs, brushes, towels, hats, scarves, coats, sports uniforms, sports helmets, hair ribbons, or barrettes, and encourage students to keep hats in coat sleeves or pockets.
 - Suspend play on carpeted areas in grades K-6.
 - Janitorial staff shall disinfect students’ desks and chairs and vacuum the floor and furniture.
 - b. Wash Hands frequently with soap and water. Encourage students to clean their hands frequently. Careful hand washing remains the best defense against germs, etc. Scrub hands briskly for at least 15 seconds, then dry them with a disposable towel and use another towel to turn off the faucet.
 - The best way to prevent the spread of germs is for individuals to maintain a rigorous hygiene and cleanliness practice and for students and staff to wash their hands frequently, along with properly disinfecting school bathrooms, locker rooms, showers, kitchens, cafeterias, lockers, and classrooms as well as other areas where large numbers of students and staff congregate.
 - c. Keep wounds covered. Keep cuts and abrasions clean and covered with sterile, dry bandages until they heal.
 - Employees, who observe children with open draining wounds or infections, should refer the child to the office.
 - Ensure that when a student gets a cut or abrasion on the playground or in class, it is immediately cleaned. Students with skin infections may need to be referred to a licensed health care provider for diagnosis and treatment. Any cut or break in the skin should be washed with soap and water and a clean dressing applied on a daily basis.

- d. Students participating in activities involving close personal contact (e.g. drama, wrestling, and football), should shower with soap immediately after each practice, game, match, or other skin-to-skin-contact activity.
 - Ensure that all shared athletic and activities equipment and clothing (wrestling/gymnastics mats, baseball gloves, gymnastics equipment, drama costumes, etc.) and locker room facilities such as benches are cleaned with detergents containing antibacterial solution, which must remain on the surfaces for at least three minutes. Non-washable surfaces should be wiped down with alcohol after each use.
 - Individuals with an infection involving drainage (i.e. pus drainage) may be excluded from participation in sporting events and practices until no pus drainage is present, the infected site can be adequately covered with a dry bandage and clothing, and a physician’s release has been obtained.
- e. An individual who becomes infected should wash all bed linens and clothes in hot water and laundry detergent frequently until the infection has cleared.
- f. Parents/guardians should be notified when possible skin infections are detected.

DEFINITIONS:

Parasite: (Wikipedia & MedicalLook) A parasite is an organism that lives off another organism, typically attaching itself to feed from the victim’s blood, bowels, or other various bodily fluids. Parasitic diseases are more common than most people realize, and can strike anyone regardless of race, age, or social status. A certain amount of parasites is normally found on the skin and bedding of every human being. Dust mites, and other tiny, harmless mites, are commonly found in all household. Harmful parasites, however, can cause a great deal of damage to the human body if not properly treated. Parasites can be contracted regardless of the cleanliness of the home.

Types of Parasitic Infections: (Healthline) Parasitic infections can be caused by three types of organisms: Protozoa, Helminths, and Ectoparasites. Protozoa are single-celled organisms that can live and multiply inside of humans. Some infections caused by protozoa include giardiasis. This is a serious infection that can happen from drinking water infected with the protozoa. Helminths are multi-celled organisms that can live alone or in humans. These are commonly known as worms and include flatworm, tapeworms, ringworms (not really a worm, but a fungus), and roundworms. Ectoparasites are multi-celled organisms that live in or feed off of the skin of humans, such as mosquitos, fleas, ticks, and mites.

Fungal Infections (Medical Dictionary for the Health Professions) Any of several infections of the skin or mucous membrane caused by Blastomyces, ringworm, roundworm, tinea, infections of the skin or nails caused by fungi and appearing as itching circular patches, etc. Any invasion of the body by a pathogenic fungus. An infection caused by a fungus or yeast organism; an inflammatory condition caused by a fungus.

Types of Fungal Infections: (CDC, Medical Dictionary for the Health Professions) Any inflammatory condition caused by a fungus including but not limited to ringworm, roundworm, tinea, etc.

Bacterial & Viral Infections: (WebMD) Bacterial and viral infections can cause similar symptoms such as coughing, sneezing, fever, inflammation, vomiting, diarrhea, fatigue, and cramping, all of which are ways the immune system tries to rid the body of infectious organisms. Some bacteria and viruses are very contagious and can be spread through direct contact with an infected person, skin-to-skin contact, contact with an object or surface that an infected person has touched, etc.

Types of Bacterial & Viral Infections: (WebMD) May include, but are not limited to, meningitis, pneumococcal, respiratory, MRSA (staph), hepatitis, strep (staph), scabies, influenza, HIV, chicken pox, impetigo, measles, viral hepatitis, etc.



LEGAL REFERENCE:

Idaho Code Section 33-512(7) – Governance of Schools

Idaho Code Section 33-513(2) – Professional Personnel

IDAPA 16.02.10.025.090 – Reportable Diseases

Center for Disease Control & Prevention: <http://www.cdc.gov/parasites/lice/head/prevent.html>

Central District Health Department: <http://www.cdhd.idaho.gov/CD/public/factsheets/headlice.html>

MayoClinic.com or <http://www.mayoclinic.com/health/mrsa/DS00735/DSECTION=5>

Center for Disease Control (CDC) www.CDC.gov

ADOPTED: December 20, 2016

NOTE: (Originally Head Lice Policy – Revised: October 18, 2005; then as procedure to Contagious/Communicable/Parasitical Diseases and Infections Policy – November 5, 2007; Revised: January 15, 2008; Revised: November 20, 2012)

NOTE: In September, 2015, the Centers for Disease Control and Prevention (CDC) issued information regarding head lice and indicated both the American Academy of Pediatrics and the National Association of School Nurses advocate that “no-nit” policies should be discontinued.” While the Idaho Department of Health and Welfare, in its administrative rules, lists pediculosis as a disease or condition, there is no reporting requirement. On the other hand, the National Pediculosis Association continues to recommend the “No-Nit Policy” as the public health standard intended to keep children lice free, nit free, and in school.