



SD School for the Blind and Visually Impaired

APPENDIX IV: COMMUNICABLE DISEASE & AIDS

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POLICIES RELATING TO COMMUNICABLE DISEASE AND AIDS

BOARD OF REGENTS POLICY (www.sdbor.edu)

A. AIDS In The Workplace (4:28)

1. Introduction

Acquired Immunodeficiency Syndrome (AIDS) is a major health problem in the United States, and there is increasing need for establishing appropriate guidelines for the workplace because of the complex social issues surrounding the disease. Since the AIDS virus is not transmitted by the kind of non-sexual person-to-person contact that generally takes place among employees/volunteers and students in the campus setting, there is no medically established basis for not wanting to work with fellow employees/volunteers or students who have been or are suspected of being infected with the AIDS virus. Therefore, employees/volunteers or students with AIDS or HIV infection should be treated as any other employee/volunteer or student.

This policy is designed to assist presidents and superintendents in establishing an appropriate workplace policy on AIDS which will allay unnecessary concerns or fears and which will enhance employees/volunteers' understanding about the nature and transmission of the disease.

2. Policy Implementation

Definition: "AIDS" means all medical conditions caused by the human immunodeficiency virus (HIV) to include clinical AIDS, AIDS related conditions (ARC) and asymptomatic HIV infection.

Personnel Policies: All existing personnel rules and policies regarding employment, working conditions, hiring, dismissal, sick leave, disability and related matters must apply to individuals with AIDS on the same basis as for persons having other diseases or conditions which may incapacitate them for work or otherwise affect job performance.

AIDS Testing: AIDS serologic testing must not be requested or required of individuals as a condition of pre-employment, continuing employment or eligibility for services.

Discrimination: Employees/volunteers and employers must not discriminate against any individual, employee/volunteer or student on the basis that the person has AIDS, is suspected of having AIDS or is perceived as being at risk of acquiring AIDS.

Privacy and Confidentially: Because AIDS-related information is generally medical information which should be treated confidentially, policies must be implemented to ensure that only persons with a need to know have access to confidential medical information concerning any employee/volunteer or student.

Health and Safety Standards: Because of potential contact with possibly infective blood and other body fluids, health care workers with responsibility to provide direct patient care must routinely follow recognized infection control precautions for blood-borne diseases. Institutions which employ health care workers that provide direct patient care must ensure that appropriate policies are implemented to protect workers, clients, patients and students from potential infection. Such policies must be consistent with the recommendations of the Centers for Disease Control, United States Public Health Service, pertaining to "Prevention of HIV Transmission in Health-Care Settings" as issued August 21, 1987, updated June 24, 1988, and including all future revisions.

Information and Education: Institutions must ensure accurate information is provided to all employees/volunteers and supervisors relative to AIDS issues so as to prevent unnecessary fear and anxiety when working with others.

Supplemental Policies: Institutions are encouraged to implement additional AIDS policies which may be needed for unique or special workplace situations. The South Dakota Department of Health has agreed to provide consultation and direction in the development of such policies.

3. Education

Board of Regents employees should receive education about AIDS and the communicable diseases as appropriate through review sessions prior to the arrival of the new students each year.

B. Communicable Disease Policy (3:13)

1. Education

The primary response of Board of Regents institutions to the AIDS epidemic and to other communicable diseases must be education as follows:

- a. Board of Regents institutions must provide educational resources to all participants in the school setting: i.e., students, faculty support services, etc. The resources will be in the form of literature, lectures, symposia, videocassette, etc.
- b. Educational efforts will keep pace with new developments.
- c. A team of experts from the University, the Health Department and the School of Medicine is encouraged to visit campuses on a rotating schedule to present educational information and answer questions.
- d. Educational efforts will stress the current state of medical knowledge concerning the risk of acquiring AIDS.
- e. Public Health information will be emphasized.
- f. Each campus will assign responsibility for educational programs to an individual who will formulate the programs.

2. Student Services

- a. Students with AIDS, AIDS-related complex (ARC), positive HIV antibody or other communicable diseases will have access to student unions, theaters, restaurants, cafeterias, snack bars, gymnasiums, swimming pools or other common areas. However, the college or university may require restriction from specific areas if such activities would jeopardize student health and safety.
- b. Health officials will be familiar with sources for testing antibodies. Counseling will be arranged by the initial physician ordering test.
- c. Health services will be available to provide regular medical follow-up for persons with AIDS, ARC or HIV antibody positive test. Special precautions to prevent contagious diseases (chicken pox or measles) may be necessary.

- d. Health services will observe public health reporting requirements to local and public health authorities.
- e. Immunocompromised individuals may, with certification from the individual's physician, be excused from institutional requirements for certain live virus vaccinations, i.e., rubella and measles because of the potential consequences to such persons.
- f. Medical information regarding individuals with AIDS, ARC or antibody positive status will not be provided to any person, group, agency, insurer, etc., without the written permission of the student, provided however, written permission of the student is not required for public health reporting purposes.

3. Institutional Response

Institutions under the control of the Board of Regents will follow the guidelines set out below related to individuals with AIDS, ARC, HIV positive status or other communicable diseases.

- a. No otherwise qualified individual will, solely by reason of his/her AIDS, ARC or HIV antibody positive status, or because of the presence of any other communicable disease, be denied admission to a university or college or be denied access to its services or programs. Decision will be based on reasonable medical judgment given the state of medical knowledge about (a) the nature of the risk, (b) the duration of the risk, (c) the severity of the risk, and (d) the probabilities the disease will be transmitted and will cause varying degrees of harm.
- b. Students with AIDS, ARC, HIV antibody positive status or other communicable diseases may attend regular classroom sessions. Restrictions may be placed on a student if the student has contagious diseases arising from the immunodeficiency syndrome or if the individual's behavior appears to endanger other persons.
- c. Students with AIDS, ARC, or HIV antibody positive status assignments in residential housing will be determined by the college or university on a case-by-case basis. Alternative housing is suggested.
- d. Safety guidelines consistent with public health recommendations will be adopted for the handling of blood and body fluids of all individuals, not just those previously known to have blood-borne infections.
- e. Safety guidelines will be adopted for handling blood and bodily fluids in classroom settings in which either may be part of the coursework, such as in biology classes or medical technology classes.
- f. Individuals and organizations that attempt to impose restrictions on HIV carriers other than those authorized by the Board will be subject to discipline including expulsion, termination for cause, or, in the case of organizations, withdrawal of recognition.

STUDENT EDUCATIONAL PLAN

- 1. All students enrolled in elementary and secondary programs will receive AIDS education on an annual basis through their health education classes unless the parent/guardian has opted to assume that responsibility.
- 2. Students who are not enrolled in those classes will be provided instruction which is individually appropriate for them. Their objectives will be noted on their individual IEPs.
- 3. As required in 24:03:06:21.01 of the Education Rules, instruction, which is appropriate to the individual student's age and developmental level, will stress the importance of truthfulness, temperance, purity, sexual abstinence, public spirit, patriotism, citizenship, respect for honest labor, obedience to parents, respect for the contributions of minority and ethnic groups to the heritage of South Dakota and due deference to old age.

STUDENT POLICY - The SDSBVI recognizes the need and the right of all children to receive a free and appropriate education. The SDSBVI also recognizes its responsibility to provide a healthy environment for its students and school employees.

A student who has a chronic communicable disease or is a carrier of a communicable disease may attend school in the residential classroom setting when a review process determines that this placement is more appropriate than a less restrictive one. If the SDSBVI is determined to be an inappropriate placement, the student will be removed from school, and a staffing with the Local Education Authority and the school will be requested.

The determination of placement in a classroom in a residential setting will be based on the following prioritized factors:

1. risk of disease transmission to others
2. health risk to the particular student
3. reasonable adjustments in routine which can be made without difficulty to reduce the health risk to the student and others
4. educational benefits or detriments of a less restrictive rather than a more restrictive environment

Pending determination of appropriate placement, a student who has a chronic communicable disease may be temporarily excused from regular programming. The determination of whether an infected student be excluded from the classroom, dormitory or school activities shall be made on a case-by-case basis under the direction of the superintendent/designee.

In situations where the decision requires additional knowledge and expertise, the superintendent/designee will refer the case to an Advisory Committee for assistance in determining the proper course of action.

The Health Advisory Committee may be composed of:

1. representative from the State Health Department
2. student's physician
3. student's parents or guardians
4. school principal
5. student services director
6. school nurse
7. superintendent/designee
8. student's teacher and other appropriate personnel

In making decisions regarding students who have AIDS, the decision will be referred to the State Department of Health Advisory Committee.

In making the determination, the Advisory Committee shall consider:

1. type of contagious disease
2. behavior of the student
3. developmental level of the student
4. medical condition of the student
5. expected types of interaction with others in the school or dormitory setting

Factors or conditions that may be reason for exclusion from school attendance include but are not limited to:

1. physical aggression with a documented history of biting or harming others
2. child is not toilet trained or is incontinent
3. child drools
4. presence of open draining sores in which the drainage cannot be contained properly
5. possibility of inoculation of potentially infected body fluids into the blood stream: through sexual activity which involves the exchange of bodily fluids, intravenous drug use or other circumstances

If there is reasonable cause to believe that a student is an infected individual, an appropriate medical evaluation of the student may be required.

If an infected student is not permitted to attend classes or participate in school activities, the LEA will be responsible to arrange for provision of an appropriate educational program.

Public information will not be revealed about students who may be infected. If the student is permitted to remain in the school or dormitory setting, appropriate information will be provided to only those staff with a need to know about the condition.

STUDENT GUIDELINES

DISEASE

Acquired Immune
Deficiency Syndrome
(AIDS)

Chicken Pox

Cytomegalovirus
(CMV) Salivary Gland
Viruses

Fifth Disease
(Erythema Infectiosum)

Giardiasis (Intestinal
Protozoan Infection)

Herpes Simplex

Impetigo

Infectious Hepatitis

EXCLUSION RULES

Determination will be made by the Advisory Committee as outlined in the Communicable Disease Policy.

The student may attend school after all pox are dry and scabbed.

The student may attend school. Precautions should be taken to prevent contacts with certain immunosuppressed persons such as those on antineoplastic treatment, organ transplants or similar situations, as well as anyone with known or suspected pregnancy. Good hand washing in all cases should eliminate risk or transfer of infection.

The student may attend school with physician's written permission.

The student may attend school. Good hand washing in all cases should eliminate risk of transfer of infection.

The student may attend school during an active case. Good hand washing in all cases should eliminate risk of transfer of infection.

The student may attend school if treatment is verified and covered or dry.

The student may attend school with physician's written permission and if the student has the ability to take appropriate personal hygiene precautions.

DISEASE

Mono (Infectious Mononucleosis, Glandular Fever)

Pediculosis (lice, "crabs")

Pink Eye (Conjunctivitis)

Ring Worm (Scalp, body, athlete's foot)

Vaccine Preventable Diseases (Measles, Mumps, Rubella and Pertussis) Scabies (7 year itch or mites)

Staphylococcal

Streptococcal Infections (Scarlet Fever, Scarletina, Strep Throat)

Tuberculosis

Enteric Infections (Salmonella, Shigella) Intestinal bacterial infection

EXCLUSION RULES

The student may attend school with physician's permission. The student may need adjusted school days and activities.

The student may attend school after treatment. After repeated infestation of the same student, the student may be excluded until all nits are removed.

The student may attend school after the eye is no longer inflamed or under medical management.

The student may attend school if the area is under treatment and covered. Restrict known cases of athlete's foot from pools and showers until under treatment.

The student will be excluded until presenting certification from a licensed physician that the student has been immunized or is in the process of receiving adequate immunization.

The student may attend school after treatment.

The student may attend school upon presentation of a physician's written statement that s/he is not communicable.

The student may attend school 24 hours after initiating oral antibiotic therapy, and is clinically well.

The student may attend school upon presentation of a physician's written statement that s/he is not communicable.

The student may attend school once diarrhea has subsided. Good hand washing in all cases should eliminate risk of transfer of infection.

All communicable and chronic diseases should be reported to the nurse on duty.

EMPLOYEE POLICY - The SDSBVI recognizes its responsibility to provide a clean and healthy environment for students and school employees/volunteers as well as safeguarding the rights of individuals.

As indicated in the Board of Regents Policy Manual, all existing personnel rules and policies regarding employment, working conditions, hiring, dismissal, sick leave, disability and related matters must apply to individuals with AIDS on the same basis as for persons having other diseases or conditions which may incapacitate them for work or otherwise affect job performance.

It may be the case, however, that an employee/volunteer needs to be temporarily removed from his/her regular assignment because of a communicable disease. Determination of whether an infected employee/volunteer be excluded from work activities shall be made on a case-by-case basis under the direction of the superintendent/designee. In situations where the decision requires additional knowledge and expertise, the superintendent/designee will refer the case to an Advisory Committee for assistance in determining the proper course of action.

The Advisory Committee may be composed of:

1. representative from the State Health Department
2. employee's physician
3. employee or his/her designee
4. school nurse
5. superintendent/designee
6. student services director
7. other appropriate school personnel

In making the determination, the Advisory Committee shall consider:

1. physical condition of the school employee
2. expected types of interaction with others in the school setting
3. impact on both the infected employee and others in that setting
4. South Dakota Department of Health guidelines and policies
5. all existing BOR and Bureau of Personnel Policies

The team may officially request assistance from the State Health Department.

If the employment of an infected employee is to be interrupted or discontinued, the employee will be entitled to use available medical leave and receive available benefits.

Public information will not be revealed about the employee/volunteer who may be infected. As appropriate, information will be provided to School employees to whom this knowledge is necessary.

EMPLOYEE GUIDELINES

DISEASE

(AIDS) Acquired Immune Deficiency Syndrome

Chicken Pox

Cytomegalovirus (CMV)
Salivary Gland Viruses

Giardiasis
(Intestinal Protozoan Infection)

Herpes Simplex

EXCLUSION RULES

Determination will be made by the Advisory Committee as outlined in the Communicable Disease Policy.

The employee may attend work after all pox are dry and scabbed.

The employee may attend work. Precautions should be taken by contacts with immunosuppression as anticancer or organ transplants as well as anyone with suspected or known pregnancy. Good hand washing in all cases should eliminate risk or transfer of infection.

The employee may attend work. Good hand washing in all cases should eliminate risk or transfer of infection.

The employee may attend work during an active case. Good hand washing in all cases should eliminate risk of transfer of infection.

DISEASE

Impetigo

Infectious Hepatitis

Mono (Infectious Mononucleosis,
Glandular Fever)

Pediculosis (lice, "crabs")

Pink Eye (Conjunctivitis)

Ring Worm
(Scalp, body, athlete's foot)
Scabies (7 year itch or mites)

Staphylococcal

Streptococcal Infections
(Scarlet Fever, Scarlatina)

Tuberculosis

EXCLUSION RULES

The employee may attend work if treatment is verified and covered or dry.

The employee may attend work as directed by the physician. Appropriate personal hygiene precautions should eliminate risk of transfer of infection.

The employee may attend work as directed by the physician.

The employee may attend work after treatment.

The employee may attend work after the eye is no longer inflamed or under medical management.

The employee may attend work if the area is under treatment and covered.

The employee may attend work after treatment.

The employee may attend work upon presentation of a physician's written permission.

The employee may attend work 24 hours after initiating oral antibiotic therapy, and is clinically well.

The employee may attend work upon presentation of a physician's written permission.

All communicable and chronic diseases should be reported to the nurse on duty.

PROCEDURES FOR SCHOOL AND RESIDENTIAL MANAGEMENT OF INFECTIOUS

DISEASE - These practices and guidelines should be employed at all times when providing care for all students/employees/volunteers regardless of the presence or absence of a known infectious disease.

Hand washing should occur:

- before eating.
- before handling clean utensils or equipment.
- before and after handling food.
- before and after assisting or training students in toileting or eating.
- after bathroom use.
- after contact with body secretions such as blood, menstrual flow, urine, feces, mucus, saliva, semen, tears, drainage from wounds.
- after handling soiled menstrual pads, garments or equipment.
- after caring for any student, especially those with mouth, nose, eye or ear discharge.
- after removing rubber gloves.

Basic Hygiene:

- If a caregiver has a cut or open lesion on his/her hands, disposable gloves must always be worn when providing direct student care if there is a chance of contact with bodily secretions or excretions.
- Personal items such as combs, fingernail files, nail clippers, lipsticks, toothbrushes, razors, pierced earrings, etc. should not be shared.
- Keep fingernails clean and trimmed short.
- Athletes who have open sores or wounds must wear a protective cover to guard against transfer of blood or body fluids from person to person.
- Drinking containers should not be shared.

PROCEDURES FOR CLEANING UP BODY FLUID SPILLS - (blood, feces, urine, semen, vaginal secretions, vomit)

- Wear disposable gloves. (They will be located in all dormitories, infirmary, classrooms, janitorial closets, kitchen, gymnasium offices, and other areas.) Before putting on gloves, examine them for defects and remove sharp rings. When gloves are not available or unanticipated contact occurs, hands and other affected areas should be washed thoroughly as soon as possible.
- Clean and disinfect all soiled, hard surfaces immediately, removing soil before applying a disinfectant.
 - Use paper towel or tissues to wipe up small soiled areas. After soil is removed, use clean paper towels, soap and water to clean area.
 - Disinfect area with a dilution of 1:10 household bleach solution or another EPA approved disinfectant.
 - Apply a sanitary absorbent agent for larger soiled areas. After soil is absorbed, vacuum or sweep up material.
 - Disinfect area with a clean mop.
- Clean and disinfect soiled rugs and carpets immediately.
 - Apply sanitary absorbent agent, let dry, and vacuum.
 - Or contain the spill, clean it wearing rubber gloves, let it air dry and follow with a disinfectant.
- Clean equipment and dispose of all disposable materials.
 - Soiled tissue and flushable waste can be flushed down a toilet. Discard paper towels, vacuum bag or sweepings into a covered waste receptacle lined with a plastic bag.
 - Rinse broom and dust pan in disinfectant solution.
 - Put mop head into a plastic bag, seal it and send it to the laundry.
 - Disinfectant solution should be promptly disposed of down a drain.
- Clothing or other non-disposable items (sheets, towels, washcloths, etc.) soaked with body fluids should be rinsed and placed in plastic bags to be laundered within 24 hours.
- Remove disposable gloves and discard in plastic-lined waste receptacle.
- Wash hands.
- Plastic bags holding contaminated waste should be secured and disposed of daily.
- Large waste containers containing potentially contaminated waste should be located in a safe area away from areas used by students (marked can in garage or outdoor dumpster).

SPECIAL PROCEDURES

A. GUIDELINES FOR DIAPERING

Purpose: To avoid cross contamination when diapering

Equipment:

- Changing table, student's own bed or mat or safe nonporous surface.
- Readily accessible hand washing facilities, including soap and paper towels.
- Supplies for cleaning student's skin: disposable baby wipes or washcloths, soap and water.
- Plastic bags for student's contaminated clothing.
- Covered waste receptacle, inaccessible to students, lined with disposable plastic bag.
- Use of disposable diapers; use of cloth diapers is discouraged.
- Disposable non-sterile plastic gloves.
- Disinfectant for cleaning changing surface.

Procedure:

- Wash hands.
- Place student on clean surface.
- Use disposable gloves as necessary.
- Remove soiled diaper and place in appropriate receptacle.
- If other clothing is soiled, remove, rinse and place it directly in a plastic bag to prepare for laundry.
- Cleanse the perineum and buttocks thoroughly with baby wipes or washcloths, soap and water.
- Rinse well and dry skin.
- Remove gloves and dispose in proper receptacle.
- Wash student's hands; then wash own hands.
- Return student to class activity.
- Use disinfectant to clean changing surface.
- Report abnormal conditions to appropriate personnel (school nurse or administrator).

B. GUIDELINES FOR STORING, CLEANING AND DISPOSING OF EQUIPMENT, SUPPLIES AND OTHER ITEMS

- Immediately after use, discard any soiled disposable items by placing them in a plastic bag in a covered waste receptacle.
- Store each student's personal grooming items separately.
- In handling disposable diapers, at least once a day seal and discard the disposable plastic bag used to line the covered receptacle.
- Launder soiled sheets or other soiled items daily.
- Presoak heavily-soiled items.
- Use 1/2 cup household bleach if material is bleachable.
- Use 1/2 cup colorfast bleach for non-bleachable items.
- Use hot cycle on washer and dryer.

C. GUIDELINES FOR MAINTAINING A CLEAN SCHOOL AND RESIDENTIAL ENVIRONMENT

Establish a routine cleaning and disinfecting schedule.

Daily

- Clean protective floor pads, bolsters, wedges, etc. after each use by non-ambulatory students and at the end of the day.
- Clean changing surface, bathtubs, sinks, portable toilets and toilet seats daily.
- Bathrooms
- Kitchen
- Sinks and Faucet Handles
- Empty Waste Receptacles
- Gym Mats

Regularly

- Wash all toys with a non-alkaline disinfectant as needed
- Classrooms
- Floors
- Vacuum carpets, disinfecting soiled rugs as previously described
- Steam clean carpets (as needed)
- Scrub infirmary (once a week or as needed)
- Ball Bath (at vacation time or as needed by staff)

If something needs to be shampooed or cleaned, let maintenance know immediately.

D. TECHNIQUES FOR HANDLING FOOD AND UTENSILS

- Maintain a clean area of the kitchen for serving food
- Maintain a separate area for cleanup
- All leftover food on dishes and utensils should be treated as if it had been contaminated.
- Scrape food from dishes into plastic bag.
- Pour liquids into sink drain.
- Rinse dishes with warm water before placing them in dishwasher.
- If human blood gets on any food, it must be thrown.
- If cooks or food servers have an open sore on their hands, they must wear disposable gloves or use proper tools when working with or serving food.
- Any equipment contaminated with human blood or other body fluids should be cleaned with soap and water or a detergent. A disinfectant solution is to be used to wipe the area after cleaning.
- Clean sinks, counter tops, tables, chairs, trays and areas where food was spilled with an approved disinfectant.
- Wash hands prior to removing dishes/utensils from dishwasher.
- Store items in a "clean" area of the kitchen.

E. SELECTING AN APPROPRIATE DISINFECTANT

- Any liquid or bar soap is acceptable for routine washing and there is antibacterial soap in each dorm bathroom, kitchen and infirmary.
- Select and stock a sanitary, absorbent agent for cleaning body fluid spills.
- Select an intermediate-level disinfectant which will kill vegetative bacteria, fungi, tubercle bacillus and virus.
- Select an agent that is registered by the US Protection agency.
- Select an agent that belongs to one of the following classes of disinfectants:
 - ethyl or isopropyl alcohol
 - quaternary ammonium germicidal detergent solution (2% aqueous)
 - iodophor germicidal detergent (500 ppm available iodine)
 - phenolic germicidal detergent solution (1% aqueous)
 - sodium hypochlorite (1:10 dilution of household bleach). This solution must be made fresh daily.

*Store all disinfectants in a safe area inaccessible to students.

GUIDELINES FOR DEALING WITH HEAD LICE

The attached Fact Sheets from the Centers for Disease Control and Prevention are the guidelines that SDSBVI will follow if a medically diagnosed case of head lice is found.

The only exception is that, due to the fact that we are a residential school, we will not “temporarily exclude the infested child from the child care setting until 24 hours after treatment”, as recommended. Since this is not possible, we need to use a “minimal personal contact” philosophy.

If you think a child may have head lice, make a referral to the nurse on duty. The referral should also be documented on the weekly “Infirmary Referral” form and given to Student Services Director.

The child will be taken to the Infirmary and examined. If it is at night, the nurse on-call should be notified and the child will be checked when the nurse returns to the school. Until that time, try to follow these guidelines “just in case”.

Remember – this condition is transmitted only by (1) person-to-person contact, (2) or by “fomites”, including sharing infested items and by lying on infested areas.

- Above all, we need to respect the child’s right to privacy and feelings. If there is a situation with a child that you work with, you will be notified by the Nurse on duty. The people to be told include: Principal, Student Services Director, classroom teacher and instructional aide, related service providers, and Dorm Supervisor (who will notify the dorm staff).
- This information is confidential, so students and other staff members should not be directly told and there should be no discussions in the presence of students.
- In order to leave a sense of dignity for the child, s/he will not go to school during a treatment but will stay in the Infirmary. Since these types of things are usually addressed at home, it would be best if the treatments can be given in the dorm where there is more privacy.
- After the treatment has been done, the child will return to school.

- For the next 24 hours,
 - The child should not be held or hugged.
 - The kids should not wrestle or play closely with each other.
 - Activities should be provided for the student to do in his/her bedroom and time alone should be encouraged.
 - The child should not sit on stuffed furniture, unless it has a plastic/leather cover.
 - Hair washing should be done only as instructed by the Nurse.
 - If the child's classroom has carpeting, it should be vacuumed along with the dorm area. (Refer to the "Treat the Household Section).
 - The child's mattress and pillow should have a plastic cover.
 - Above all else, remember this situation is not the child's fault and it is not a crisis situation! When it seems children are the least deserving of affection is when they need it the most!

Fact Sheet

Head Lice Infestation (Pediculosis)

What are head lice?

Also called *Pediculus humanus capitis* (peh-DICK-you-lus HUE-man-us CAP-ih-TUS), head lice are parasitic insects found on the heads of people. Having head lice is very common; as many as 6-12 million people worldwide get head lice each year.

Who is at risk for getting head lice?

Anyone who comes in close contact with someone who already has head lice, contaminated clothing, and other belongings. Preschool and elementary-age children, 3-10, and their families are infested most often. Girls get head lice more often than boys, women more than men. In the United States, African-Americans rarely get head lice.

What do head lice look like?

There are three forms of lice: the nit, the nymph, and the adult.

Nit:

Nits are head lice eggs. They are hard to see and are often confused for dandruff or hair spray droplets. Nits are found firmly attached to the hair shaft. They are oval and usually yellow to white. Nits take about 1 week to hatch.

Nymph:

The nit hatches into a baby louse called a nymph. It looks like an adult head louse, but is smaller. Nymphs mature into adults about 7 days after hatching. To live, the nymph must feed on blood.

Adult:

The adult louse is about the size of a sesame seed, has 6 legs, and is tan to greyish-white. In persons with dark hair, the adult louse will look darker. Females lay nits; they are usually larger than males. Adult lice can live up to 30 days on a person's head. To live, adult lice need to feed on blood. If the louse falls off a person, it dies within 2 days.

Where are head lice most commonly found?

On the scalp behind the ears and near the neckline at the back of the neck. Head lice hold on to hair with hook-like claws found at the end of each of their six legs. Head lice are rarely found on the body, eyelashes, or eyebrows.

What are the signs and symptoms of head lice infestation?

- Tickling feeling of something moving in the hair.
- Itching, caused by an allergic reaction to the bites. Irritability.
- Sores on the head caused by scratching. These sores can sometimes become infected.

How did my child get head lice?

- By contact with an already infested person. Contact is common during play at school and at home (slumber parties, sports activities, at camp, on a playground).
- By wearing infested clothing, such as hats, scarves, coats, sports uniforms, or hair ribbons.
- By using infested combs, brushes, or towels.
- By lying on a bed, couch, pillow, carpet, or stuffed animal that has recently been in contact with an infested person.

How is head lice infestation diagnosed?

By looking closely through the hair and scalp for nits, nymphs, or adults. Finding a nymph or adult may be difficult; there are usually few of them and they can move quickly from searching fingers. If crawling lice are not seen, finding nits within a 1/4 inch of the scalp confirms that a person is infested and should be treated. If you only find nits more than 1/4 inch from the scalp, the infestation is probably an old one and does not need to be treated. If you are not sure if a person has head lice, the diagnosis should be made by a health care provider, school nurse, or a professional from the local health department or agricultural extension service.

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Fact Sheet

Treating Head Lice

I have heard that head lice medications do not work, or that head lice are resistant to medication. Is this true?

A recent study done by Harvard University did show that SOME, but NOT ALL (or even most) head lice are resistant to common prescription and over-the-counter medications (OTC). There is no information on how widespread resistance may be in the United States. Resistance (medication not working) is more likely in people who have been treated many times for head lice. There are many reasons why medications may seem not to work. Below are some of those reasons:

1. **Misdiagnosis of a head lice infestation.** A person has head lice if they have crawling bugs on their head or many lice eggs (also called nits) within a quarter inch (approximately the width of your pinky finger) of the scalp. Nits found on the hair shaft further than 1/4 inch from the scalp have already hatched out. Treatment is not recommended for people who only have nits further than one-quarter inch away from the scalp.
2. **Not following treatment instructions fully.** See instructions below for how to treat a head lice infestation. Using medication alone is not likely to cure a head lice infestation.
3. **Medication not working at all (resistance).** If head lice medication does not kill any crawling bugs, then resistance is likely. If the medication kills some of the bugs, then resistance to medication is probably not the reason for treatment failure (see item #2 and #4).
4. **Medication kills crawling bugs, but is not able to penetrate the nits.** It is very difficult for head lice medication to penetrate the nit shell. Medication may effectively kill crawling bugs, but may not treat the nits. This is why follow-up treatment is recommended. See instructions below for a detailed summary.
5. **New infection.** You can get infested more than once with head lice. Teach family members how to prevent re-infection.

How can I treat a head lice infestation?

By treating the infested person, any other infested family members, and by cleaning clothing and bedding.

Step 1: Treat the infested person/any infested family members

Requires using an OTC or prescription medication. Follow these treatment steps:

1. Before applying treatment, remove all clothing from the waist up.
2. Apply lice medicine, also called pediculicide (peh-DICK-you-luh-side), according to label instructions. If your child has extra long hair, you may need to use a second bottle.
WARNING: Do not use a creme rinse or combination shampoo/conditioner before using lice medicine. Do not re-wash hair for 1-2 days after treatment.
3. Have the infested person put on clean clothing after treatment.
4. If some live lice are still found 8-12 hours after treatment, but are moving more slowly than before, do not retreat. Comb dead and remaining live lice out of the hair. The medicine sometimes takes longer to kill the lice.
5. If no dead lice are found 8-12 hours after treatment and lice seem as active as before, the medicine may not be working. See your health care provider for a different medication and follow their treatment instructions.
6. A nit comb should be used to remove nits and lice from the hair shaft. Many flea combs made for cats and dogs are also effective. Finer-toothed nit combs, available through Wal-Med* and the National Pediculosis Association*, may also be helpful.
7. After treatment, check hair every 2-3 days and use a nit comb to remove any nits or lice you see.
8. Retreat in 7-10 days.
9. Check all treated persons for 2-3 weeks after you think that all lice and nits are gone.

Step 2: Treat the household

1. To kill lice and nits, machine wash all washable clothing and bed linens that the infested person touched during the 2 days before treatment. Use the hot water cycle (130o F) to wash clothes. Dry laundry using the hot cycle for at least 20 minutes
2. Dry clean clothing that is not washable, (coats, hats, scarves, etc.) OR

3. Store all clothing, stuffed animals, comforters, etc., that cannot be washed or dry cleaned into a plastic bag and seal for 2 weeks.
4. Soak combs and brushes for 1 hour in rubbing alcohol, Lysol*, or wash with soap and hot (130o F) water.
5. Vacuum the floor and furniture. Do not use fumigant sprays; they can be toxic if inhaled.

My child has head lice. I don't. Should I treat myself to prevent being infested?

No, although anyone living with an infested person can get head lice. Have another person check the back and sides of your head for lice and nits. Check family members for lice and nits every 2-3 days. Treat only if crawling lice or nits are found within a 1/4 inch of the scalp.

Is there a product I can use to prevent getting head lice?

No.

Should my pets be treated for head lice?

No. Head lice do not live on pets.

My child is under 2 years old and has been diagnosed with head lice. Can I treat him or her with prescription or OTC drugs?

No. For children under 2 years old, remove crawling bugs and nits by hand. If the problem persists, consult your pediatrician.

What OTC medications are available to treat head lice?

Many head lice medications are available at your local drug store. Each OTC product contains one of the following active ingredients.

1. **Pyrethrins** (pie-WREATH-rins): often combined with **piperonyl butoxide** (pie-PER-a-nil beu-TOX-side):
Brand name products: A-200*, Pronto*, R&C*, Rid*, Triple X* Pyrethrins are natural extracts from the chrysanthemum flower. Though safe and effective, pyrethrins only kill crawling lice, not unhatched nits. A second treatment is recommended in 7- 10 days to kill any newly hatched lice. Sometimes the treatment does not work.
2. **Permethrin** (per-meth-rin):
Brand name product: Nix*
Permethrins are similar to natural pyrethrins. Permethrins are safe and effective and may continue to kill newly hatched eggs for several days after treatment. A second treatment may be necessary in 7-10 days to kill any newly hatched lice. Sometimes the treatment does not work.

Note: If OTC permethrin (1%) does not effectively kill crawling bugs, prescription- strength (5%) permethrin will not be any more effective. If lice are resistant to 1%, they will also be resistant to 5% permethrin.

What are the prescription drugs used to treat head lice?

Malathion (Ovide *): Malathion has just been reapproved for the treatment of head lice infestations.

When used as directed, malathion is very effective in treating lice and nits. Few side-effects have been reported. Malathion may sting if applied to open sores on the scalp caused by scratching. Therefore, do not use if excessive scratching has caused a large number of open sores on the head.

Lindane (Kwell*): Lindane is one of the most common treatments used to treat head lice. When used as directed, the drug is usually safe. Overuse, misuse, or accidentally swallowing of Lindane can be toxic to the brain and nervous system. Lindane should not be used if excessive scratching has caused open sores on the head.

Which head lice medicine is best for me?

If you aren't sure, ask your pharmacist or health care provider. When using medicine, always follow the instructions.

When treating head lice

1. Do not use extra amounts of the lice medication unless instructed. Drugs are insecticides and can be dangerous when misused or overused.
2. Do not treat the infested person more than 3 times with the same medication if it does not seem to work. See your health care provider for alternative medication.
3. Do not mix head lice medications.

Should household sprays be used to kill adult lice?

No. Spraying the house is NOT recommended. Fumigants and room sprays can be toxic if inhaled.

Should I have a pest control company spray my house?

No. Vacuuming floors and furniture is enough to treat the household.

**Use of trade names is for identification purposes only and does not imply endorsement by the Public Health Service or by the U.S. Department of Health and Human Services.*

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ALTERNATE TREATMENT FOR HEADLICE

1. Completely saturate the hair and scalp with Olive oil, Mineral oil, vegetable oil or Mayonnaise (regular, not light).
2. Cover the hair with close-fitting shower cap. Leave on for 3 to 4 hours. Avoid treatment while the person is sleeping as the cap may become a suffocation hazard and if the shower cap comes off it will dirty the bed. (All bedding should be washed anyway.)
3. Remove the shower cap and wash the hair with shampoo to remove most of the suffocant agent (the best method of removing oily products is a degreasing dishwashing soap, such as DAWN).
4. Remove ALL nits and live lice. A metal comb works best for this and is reusable by washing in hot soapy water. Nits do not fall off the hair after treatment and can be difficult to remove as they are cemented on the hair shaft. The infested person's head should be checked regularly for 2 weeks after treatment to ensure that active lice and potentially viable nits are removed. One method to ease nit removal is to use vinegar and water (one to one mixture) to hair prior to treating it for lice. The hair is soaked with the mixture 30-60 minutes (a damp towel soaked in the same mixture may be used to contain the solution).
5. Wash bedding, combs, and any worn clothing in hot water and dry in a hot dryer. Items that cannot be washed may be placed in a plastic bag and sealed for 2 weeks. Stuffed toys and other objects and furniture may also be vacuumed to remove lice.

What You Should Know About...

Head Lice in the Child Care Setting

Head lice are tiny insects that live primarily on the head and scalp. They should not be confused with body lice, which may be found in clothing and bedding as well as on the body, or crab lice that infest the pubic area. They are found only on humans and should not be confused with fleas, which may be found on dogs, cats, and other pets.

Although small, adult head lice may be seen with the naked eye. Because lice move rapidly and only a few may be present, using a hand lens or magnifying glass may allow them to be seen more easily. Head lice suck blood, and the rash caused by their feeding activities may be more noticeable than the insects themselves. Head lice attach their eggs at the base of a hair shaft. These eggs, or nits, appear as tiny white or dark ovals and are especially noticeable on the back of the neck and around the ears. Adult head lice cannot survive for more than 48 hours apart from the human host.

Head lice are primarily spread through direct head to head contact, although sharing personal items such as hats, brushes, combs, and linens may play a role in their spread between children. Children with head lice should be treated with a medicated shampoo, rinse, or lotion developed specifically for head lice. *These treatments are very powerful insecticides and may be toxic if not used only as recommended.* The need to remove nits or egg capsules is controversial. Those found more than 1/4 inch from the scalp probably have already hatched or are not going to hatch. Treatments containing permethrin (an insecticide) have a high residual activity and are usually effective in killing nits as well as adult lice.

To prevent the spread of head lice when a case occurs in the child care setting:

Temporarily exclude the infested child from the child care setting until 24 hours after treatment. Many state and local health departments require that children be free of nits before readmission. To assure effective treatment, check previously treated children for any evidence of new infection daily for 10 days after treatment. Repeat treatment in 7 to 10 days may be necessary.

Nits can be removed using a fine-toothed comb. (A pet flea comb may work best.) Some commercial products may make removing nits easier. Commercial preparations to remove nits should be used according to the manufacturer's recommendations to assure that the residual activity of the insecticide is not affected.

On the same day, screen all children in the classroom or group and any siblings in other classrooms for adult lice or nits. Children found to be infested should also be excluded and treated. Simultaneous treatment of all infested children is necessary to prevent spread back to previously treated children.

Educate parents regarding the importance of following through with the same recommendations at home and notifying the facility if head lice have been found on any member of the household.

Although head lice are not able to survive off of humans for more than a few days, many persons recommend washing clothes (including hats and scarves) and bedding in very hot water, and vacuuming carpets and upholstered furniture in rooms used by person infested with these insects. Combs and hair brushes may be soaked in hot (65°C) water for at least one hour. Flea bombs and other environmental insecticides are not effective against head lice.

PREEMPTIVE MEASURES IN RESPONSE TO THE OUTBREAK OF CONTAGIOUS DISEASE
POSING AN IMMINENT THREAT TO THE HEALTH OF INSTITUTIONAL STUDENTS, STAFF,
OR VISITORS

BOARD OF REGENTS POLICY 1:26 (April 2006) (www.sdbor.edu)

- 1. Scope of this policy.** This policy will take effect in the event that the South Dakota Department declares that an outbreak of contagious disease poses an imminent threat to the health of students, staff or visitors to an institution controlled by the Board. The policy will be construed and administered in order to protect the health and well-being of persons participating in institutional activities, whether as students, employees or visitors.
- 2. Pre-emptive effect of this policy.** Subject only to limitations imposed by law, the provisions of this policy, and requirements duly established pursuant to this policy, will take precedence over any inconsistent provisions of Board or institutional policy to the contrary. All contractual rights for instruction, service or employment are deemed to be subject to pre-emption by actions taken pursuant to this policy.
- 3. Cooperation with the South Dakota Department of Health.** In the event the South Dakota State Department of Health declares an outbreak of contagious disease, any institution involved shall cooperate with the Department of Health.
 - a. Where the Department of Health issues directives pursuant to the authority delegated to it by the South Dakota Legislature, the institutions will implement those directives.
 - b. To the extent permitted under law, institutions may share information with the Department of Health to assist its surveillance and investigation of infection.
 - c. Where the Department of Health recommends that the exclusion from the classroom, workplace or extracurricular activities of persons who are infected with a communicable disease or who are at risk of infections, institutions may implement those recommendations as though they were directives.
 - d. Where the Department of Health recommends vaccination of persons who are infected with a communicable disease or who are at risk of infections, institutions may condition continued attendance, residence or participation in instructional activities or continued admission to assigned workplaces upon receipt of such recommended vaccinations.
- 4. Pre-emptive actions taken in reliance on reasonable medical judgment.** In the event that circumstances arise that require immediate action without time for consultation with the Department of Health, or in which the Department of Health guidance is directed primarily to individuals rather than to institutions, institutional officials may institute temporary measures to restrict students, employees or visitors from participation in institutional activities, including regularly assigned employment responsibilities, if it is determined on the basis of reasonable medical judgment that the individual's continued participation in those activities poses an unacceptable risk of contagion to others.
 - a. For purposes of this section, reasonable medical judgment must be tendered by a physician licensed to practice in South Dakota, and
 - b. It must be based upon due consideration, given the state of medical knowledge, about (i) the nature of the risk, (ii) duration of the risk, (iii) the severity of the risk, and (iv) the probabilities the disease will be transmitted and may cause substantial harm to a significant number of infected persons.

5. Limited duty to assist persons displaced by pre-emptive response measures. Where measures undertaken pursuant to this policy prevent students from participating in regularly assigned instructional or extracurricular activities, or employees from reporting to their regularly assigned workplaces, institutions will make reasonable efforts to provide alternative means to pursue educational or extracurricular activities or to carry out assigned employment responsibilities.

- a. Efforts to accommodate temporary displacement caused by the outbreak of contagious disease are not subject to the standards generally applicable to reasonable accommodations required under the South Dakota Human Relations Act of 1973, the Rehabilitation Act of 1973 or the Americans with Disabilities Act. Notwithstanding the foregoing, if a condition that constitutes a handicap or disability within the meaning of state or federal law can be reasonably accommodated, reasonable accommodation shall be provided are required under law.