School District 78 Fraser-Cascade

BOARD OF EDUCATION

POLICY DEVELOPMENT COMMITTEE
January 29, 2019
4:30 p.m.
District Education Office

A G E N D A

1.	Call to Order ……		Chair
2.	Approval of Agenda ……..		Chair
3.	Approval of Minutes – December 4, 2018 ……..	Page 1	Chair
4.	Draft Revised Policy #5500 – Head Lice ……	Page 4	K Bird
	Backup documentation ……	Page 7	
5.	Draft Revised Policy #1040 – Role of Trustee Liaison ……..	Page 17	K Bird
6.	Draft Revised Policy #7310 – Student Participation in Extra Curricular Activities…….	Page 20	K Bird
7.	Draft Revised Policy #7530 – Challenge, Equivalency, External Credentials, Post Secondary Credit, and Independent Directed Studies ……..	Page 25	K Bird

Next Meeting: April 30, 2019
District Office

ADJOURNMENT

BOARD OF EDUCATION
SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

DRAFT MINUTES OF THE POLICY DEVELOPMENT COMMITTEE MEETING
December 4, 2018

PRESENT:

Board Representatives:

Linda Kerr	Trustee
Marilyn Warren	Trustee
Wendy Colman-Lawley	Trustee (called in)

Committee Representatives:

Rosalee Floyd	Principal	FCPVPA
Patsy Graham	Principal	FCPVPA
Amy Smith	President	FCTA
Kristen Peters	Teacher	FCTA
Laurie Hansen	Staff	CMAW
Darlene Smith	Support staff	CMAW

District Staff:

Karen Nelson	Superintendent
Kevin Bird	Assistant Superintendent
Laurie Bjorge	Recording Secretary

Regrets:

Debra Schneider	AEC
Leanne Boycott	AEC
Wendy Clark	DPAC

1. Call to Order

The meeting was called to order by the Superintendent at 4:30 p.m. in the District Board office.

2. Nomination of Chair

The Superintendent called for nominations for Chair of the Policy Development Committee. Principal Graham nominated Trustee Wendy Colman-Lawley. Trustee Kerr nominated Trustee Warren. Election was held and Trustee Warren was elected.

D SMITH/A SMITH
THAT the election ballots be destroyed.

Carried

3. Approval of Agenda – December 4, 2018

FLOYD/D SMITH
THAT the agenda of the Policy Development Committee meeting held on December 4, 2018 be approved as presented.

Carried

4. Approval of Previous Minutes – October 2, 2018

D SMITH/FLOYD

THAT the minutes of the Policy Development Committee meeting held on October 2, 2018 be approved as presented.

Carried

5. Draft Revised Policy #7530 – Challenge, Equivalency, External Credentials, Post Secondary Credit, and Independent Directed Studies

The Assistant Superintendent reviewed the draft amended policy incorporating Ministry changes. The committee discussed the need to have this policy considering the district follows the Ministry policy, which makes our policy redundant. Our policy could be amended to strictly cover the non enrolling fee policy.

NELSON/D SMITH

THAT draft revised *Policy #7530 – Challenge, Equivalency, External Credentials, Post Secondary Credit, and Independent Directed Studies* go back to Administration for further review.

Carried

6. Draft Revised Policy #7310 – Student Participation in Extra-Curricular Physical Activities

The Assistant Superintendent reviewed the draft revised policy, with recommendations from Dr. Glenda Hanna from YouthSafe Outdoors. The committee discussed a number of changes to this policy and suggested that it go back to Administration.

NELSON/A SMITH

THAT draft revised *Policy #7310 – Student Participation in Extra-Curricular Physical Activities* be brought back to Administration for further review.

Carried

7. Draft Revised Policy #4033 – Smoking, Tobacco, the Use of Vapour Products

The Superintendent reviewed the amendments to this policy and noted that changes were made to incorporate recommendations from legal counsel.

NELSON/D SMITH

THAT draft revised policy *#4033 – Smoking, Tobacco, the Use of Vapour Products* be presented to the Board of Education for first reading, as amended.

Carried

8. Draft Revised Policy #7400 – Student Involvement with Alcohol, Intoxicants, or Illegal Drugs

The Superintendent reviewed the amendments to this policy and noted that changes were made to incorporate recommendations from legal counsel.

NELSON/KERR

THAT draft revised *#7400 – Student Involvement with Alcohol, Intoxicants, or Illegal Drugs* be presented to the Board of Education for first reading, as amended.

Carried

9. Questions/Comments

N/A

Next Meeting

January 29, 2019
Location: District Education Office

Adjournment

The meeting adjourned at 5:30 pm

/KERR

THAT the meeting be adjourned.

Carried

Adopted: 2000-06-27	Reviewed:	Amended: 2003-04-22 2018-04-10

POLICY

SUBJECT: **HEAD LICE**

The Board of Education, School District No. 78 (Fraser-Cascade), recognizes that head lice are common and may spread in any situation where individuals gather and are in close contact. This contact could happen at school, on buses, during social activities outside of school such as visiting, sleepovers, sports, birthdays and family get-togethers. The Board recognizes that head lice are a nuisance but that they do not transmit disease. In keeping with Fraser Health policy, the presence of head lice in a school shall not be considered a health hazard.

The identification, management and treatment of head lice shall be a cooperative endeavor between the family and the school community, with primary responsibility resting with the parent. Public Health may be involved as a resource. It is important to note that the presence of head lice is not a reflection on the level of cleanliness or parenting skills of a home. The dignity of the student and family shall be respected in the implementation of this policy and steps will be taken to protect the child's self-esteem and social status in the classroom.

~~It is recognized that head lice infestations are considered by public health as a nuisance condition. The Board of Education for School District No. 78 (Fraser-Cascade) believes it is necessary to remain pro-active in dealing with head lice.~~

~~Keeping students in the classroom is the priority, even while simultaneously assisting individuals who have head lice, or taking reasonable steps to minimize the spread of head lice.~~

~~By working cooperatively with the public health nurse and parents or guardians, the Board desires that schools remain well informed regarding identification and treatment of head lice.~~

Adopted: 2000-06-27	Reviewed:	Amended: 2003-04-22 2018-04-10

REGULATIONS

SUBJECT: **HEAD LICE**

Procedures for the Control of Head Lice and/or Nits

1. Information, including current research and developed in collaboration with Fraser Health, regarding the detection and treatment of head lice will be distributed to parents or guardians of all ~~elementary~~ schools in September each year and then as needed.

~~b. The package of materials will be developed in collaboration with Fraser Health.~~

~~c. The school Principal is responsible for the distribution of materials in September of each school year.~~

~~d. Principals will also distribute copies of the Head Lice Policy and Regulation.~~

~~2. a. Schools may develop a screening process using trained volunteers to conduct head lice inspections. The Public Health Nurse should be consulted to provide the necessary training in developing the process. The involvement of the school's Parent Advisory Committee is encouraged. Notification to parents or guardians describing the screening process should take place before the process is put into practice.~~

2. When cases of head lice are confirmed schools will confidentially contact parents. Treatment information will be distributed to the class(es) attended by the student and any other groups or teams as determined by the school.

~~b. Upon confirmation of head lice, the infested student will remain in the classroom.~~

~~c. The parent or guardian will be contacted to begin treatment and will be provided information about treatment options recommended by Fraser Health.~~

3. Where parents or guardians require supplementary information and support in dealing with a head lice problem, it is recommended that a public health nurse be involved through South Fraser Public Health. Support for school principals is also available through Student Services in the school district.

a. In chronic cases, where recommended management practices have been tried and failed, or where management practices may not have occurred, a meeting between

Adopted: 2000-06-27	Reviewed:	Amended: 2003-04-22 2018-04-10

family, the principal/vice principal and key community personnel may be needed to provide support and develop an action plan which facilitates successful treatment of the head lice and the student's continued attendance at school.

Management of Head Lice and Nits **Policy No. 504.2**

The Board of Education, School District No. 91 (Nechako Lakes), recognizes that head lice are common and may spread in any situation where individuals gather and are in close contact. This contact could happen either at school, on buses, during social activities outside of school such as visiting, sleepovers, sports, birthdays and family get-togethers. The Board recognizes that head lice are a nuisance but that they do not transmit disease. The presence of head lice in a school shall not be considered a health hazard.

The identification, management and treatment of head lice shall be a cooperative endeavor between the family and the school community, with primary responsibility resting with the parent. Public Health may be involved as a resource. It is important to note that the presence of head lice is not a reflection on the level of cleanliness or parenting skills of a home. The dignity of the student and family shall be respected in the implementation of this policy. Steps should be taken to protect the child's self-esteem and social status in the classroom.

Current research should be reviewed when determining identification and treatment options. Practices which disrupt the educational process are not supported by this policy.

Management of Head Lice and Nits **Policy No. 504.2R**

REGULATIONS

FORM: 504.2N – Sample Letter to Parents/Guardians – Your child has Head Lice

FORM: 504.2N – Sample Letter Parents/Guardians – Head Lice in the Classroom

HANDOUT: The Facts about Head Lice

HANDOUT: HealthLinkBC – Head Lice – December 2016

RESOURCE: Recommended Head Lice Management – Information for Schools, Families and Individuals

Rationale

Meeting the educational needs of students is the primary responsibility of the Board. Keeping students in the classroom is the priority even while simultaneously assisting individuals who have head lice, or taking reasonable steps to minimize the spread of head lice.

Current literature clearly shows that school exclusion, early dismissal and no-nit policies do not prevent or control head lice infestations. These practices are not supported by this policy. While research sites a lack of consistent evidence to encourage school screening, this policy continues to give school communities the option of conducting regular head checks. All individuals participating in head checks should be well-trained in the correct identification of lice and nits. The Northern Health Authority may be consulted in the provision of this training.

Information Regarding Lice and Nits:

Head lice are common among the general population. They are very small insects which feed on the tissues of the human scalp and lay eggs (nits) on the hair close to the scalp. Head lice are very small – about 2-3mm long. The color of adults ranges from white to gray to brown and may vary with the skin or hair color of the individual. For these reasons, lice may be present on the scalp weeks before they are discovered.

Nits (head lice eggs) are tiny oval specs about one third the size of a sesame seed. They are found glued to the strands of hair, very close to the scalp. The presence of nits does not always indicate an active infestation. An active infestation may be identified if head lice are found crawling on the head, or if many nits are found within 6mm of the scalp. It should be noted that while not all individuals having head lice will experience severe discomfort, serious cases can result in bleeding and an infected scalp as a result of excessive scratching.

Frequent pediculocide (drugs commonly used to treat head lice) use can be hazardous to a child's health. Research continues to provide alternatives to pediculocides in the treatment of head lice. Current research should be reviewed when determining identification and treatment options.

Procedures

In consultation with the Northern Health Authority, schools shall develop a plan for the control of head lice which includes the following steps:

1. Schools shall provide basic student and parent education including information on the importance of regular checks, detection methods and suggested treatment. Schools will emphasize to students that they not share hats, combs, pony tail elastics and barrettes, etc.

    1.1. Principals/Vice Principals can use the "Recommended Head Lice Management – Information for Schools, Families and Individuals" as a resource from Northern Health.

2. Parents will be advised that they must inform the school if their child has head lice.

3. Staff shall be made aware of possible signs of head lice.

4. Schools may decide to conduct regular head checks using trained volunteers. If a parent/guardian objects to this practice, he/she will inform the school principal/vice principal.

5. If a child is found to have head lice the issue should be addressed sensitively. Students will not be sent home from school unless necessitated by the child's discomfort. The parent/guardian will be contacted and information regarding lice/nits and recommended treatment will be provided. Schools will communicate to parent(s)/guardian(s) that it is expected that treatment will begin right away.

    5.1. For parents/guardians of the child found to have head lice, schools can use the sample letter "504.2F – Sample Letter to Parents/Guardians – Your Child has Head Lice." Attach the handouts: "The facts about Head Lice" and "HealthLinkBC – Head Lice – December 2016."

    5.2. For parents/guardians of the classroom, please use the sample letter "504.2F Sample Letter to Parents/Guardians – Head Lice in Classroom." Attach the handouts: "The facts about Head Lice" and "HealthLinkBC – Head Lice – December 2016."

6. Should there be economic reasons that parents/guardians cannot purchase treatment supplies, the principal/vice principal will make every effort to obtain the recommended products through normal channels.

7. In chronic cases, where recommended management practices have been tried and failed, or where management practices may not have occurred, a meeting between family, the principal/vice principal and key community personnel may be needed to provide support and develop an action plan which facilitates successful treatment of the head lice and the student's continued attendance at school.

    7.1. Responsibility for timelines or unusual circumstances required by the action plan is shared by the principal/vice principal and the community personnel in cooperation with the family.

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Practice Point

OXFORD

Practice Point

Head lice infestations: A clinical update

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Abstract

Head lice (*Pediculus humanus capitis*) infestations are not a primary health hazard or a vector for disease, but they are a societal problem with substantial costs. Diagnosis of head lice infestation requires the detection of a living louse. Although pyrethrins and permethrin remain first-line treatments in Canada, isopropyl myristate/ST-cyclomethicone solution and dimeticone can be considered as second-line therapies when there is evidence of treatment failure.

Keywords: *Dimeticone solution; Head lice; Infestations; Isopropyl myristate/cyclomethicone solution; Permethrin; Pyrethrin.*

Head lice (*Pediculus humanus capitis*) are a persistent and easily communicable cause of infestations, particularly in school-aged children (1,2). Unlike body lice, head lice are not a primary health hazard, a sign of poor hygiene or a vector for disease (3,4), but they are a common societal problem (2) and relatively expensive to treat. The annual cost of treating head lice in the United States is estimated to be at least US$500 million (5).

The present practice point updates a previous Canadian Paediatric Society document from 2008 (6) and highlights newer treatment products. It also reviews more recent information concerning treatment failures.

THE AGENT

Head lice are wingless, 2 mm to 4 mm long (as adults), six-legged, bloodsucking insects that live on the human scalp (7). Infested children usually carry less than 20 mature head lice (and often <10) at a time, which live 3 to 4 weeks if left untreated (3,8,9). Head lice live close to the scalp surface, which provides food, warmth, shelter and moisture (3,9). The head louse feeds every 3 to 6 hours by sucking blood, injecting saliva simultaneously. After mating, the adult female louse can produce five or six eggs (nits) per day for 30 days, each 'glued' to a hair shaft near the scalp (8,9). The eggs hatch 9 to 10 days later into nymphs that molt several times over the next 9 to 15 days to become adult head lice (6). The hatched empty eggshells remain on the hair but are not a source of reinfestation. Nymphs and adult head lice can survive for only 1 to 2 days away from the human host (10). While eggs can survive away from the host for up to 3 days, they require the higher temperatures found near the scalp to hatch (3).

THE INFESTATION

An infestation with lice is called pediculosis and usually involves less than 10 live lice (3). Itching occurs if the individual with lice becomes sensitized to antigenic components in the saliva injected as the louse feeds (2,3). On the first infestation, sensitization commonly takes 4 to 6 weeks (3,4). However, some individuals remain asymptomatic and never itch (3). In cases with heavy infestations, secondary bacterial infection of the excoriated scalp may occur.

TRANSMISSION

Head lice are spread mainly through direct head-to-head (hair-to-hair) contact (4,11). Lice do not hop or fly, but can crawl rapidly (23 cm/minute under natural conditions) (10). The role of fomites in transmission is controversial (10). Two studies from Australia suggest that in the home, pillowcases present only a small risk (11), while in the classroom, carpets pose no risk (12). Pets are not vectors for human head lice (13).

DIAGNOSIS

Definitive diagnosis of head lice infestation requires the detection of a living louse (Figure 1) (2,4,9). The presence of nits indicates a past infestation that may not be currently active.

Because head lice move quickly, their detection requires a degree of expertise and experience. One Israeli study (14) involving experienced parasitologists found that using a fine-toothed lice comb was four times more effective and twice as fast as visually examining the scalp to detect live head lice and diagnose an infestation.

Another study (15) documented that health care providers and lay personnel frequently overdiagnose or misdiagnose pediculosis (15) and often fail to distinguish active from past infestations, particularly when relying on nit detection only. School nurses were adept at spotting nits but less able to distinguish active from past infestations. A viable nit is most likely to be found less than 0.6 cm away from the scalp (16). It is seen on microscopy as an intact, hydrated mass or developing embryo (15). Without microscopy, the ability to distinguish viable from nonviable nits is difficult, which is why diagnosing an infestation by nit detection alone is not reliable (15).

Finding nits close to the scalp is, at best, a modest predictor of possible active infestation. While one study from Georgia (16) found that having ≥5 nits within 0.6 cm of the scalp was a risk factor for infestation in children, <32% of such cases were actively infested (16). For children with less than five nits close to the scalp, only 7% became actively infested. Therefore, having nits close to the scalp does not necessarily indicate that a live infestation is underway or will occur.

TREATMENT

Well-established treatment options for a proven head lice infestation include topical insecticides and oral agents. Noninsecticidal products that have been approved by Health Canada since the last Canadian Paediatric Society statement was published in 2008 can all be obtained over the counter.

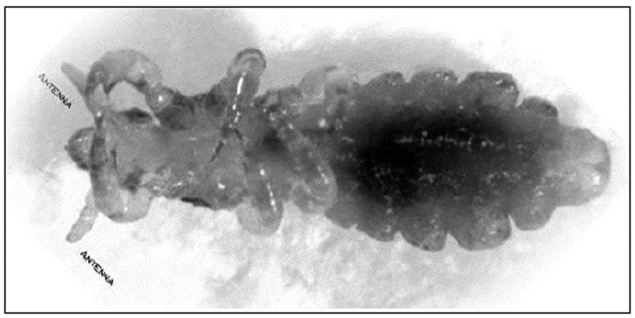

Figure 1. An adult louse measures 2 mm in length. Reproduced with permission from the National Pediculosis Association: http://www.headlice.org/faq/lousology.htm.

TOPICAL INSECTICIDES

Table 1 lists the topical insecticides (pyrethrins and permethrin 1%) currently available in Canada for treating head lice infestations, with their active ingredients, methods of use and other guidance. Two other products, malathion lotion (0.5%) and crotamiton lotion (10%), are not available in Canada.

Toxicity

Both pyrethrins and permethrin have minimal percutaneous absorption and favourable safety profiles (9). To minimize exposure elsewhere on the body to a topical insecticide, do not sit a child in the bath to rinse hair. Instead, protect the skin with towels and rinse well, using cool water.

Lindane is no longer considered acceptable therapy for head lice because of the potential risks for neurotoxicity and bone marrow suppression following percutaneous absorption (8,17). The Food and Drug Administration in the USA has issued periodic advisories concerning the use of lindane-containing products for the treatment of lice and scabies. Neurological side effects have been reported in people who used lindane correctly, although the most serious outcomes, including death and hospitalizations, occurred after multiple applications or oral ingestion. A safe interval for the reapplication of lindane has not been established (17). The pharmaceutical use of lindane has also been banned in California since 2002 due to concerns about its presence in waste water. A follow-up study published in 2008 showed a marked reduction of lindane levels compared with levels before the California ban (18). The WHO has recently recategorized lindane as a probable carcinogen (19).

Resistance

An increasing resistance of head lice to pyrethrins, permethrin and lindane has been reported. In 2010, Marcoux et al. (20) found a resistant allele (R allele) frequency in 133 of 137 head lice populations tested for Canada, which could explain treatment failure rates. However, because these products are effective in more cases than these data imply, the precise relationship between R allele and treatment failure remains unclear. Rule out the following much more common possibilities before considering resistance (4,15):

- Misdiagnosis or over-diagnosis. A true diagnosis requires detecting live lice before treatment; and
- Reinfestation after a previous treatment.

If two permethrin applications 7 days apart do not eradicate live lice, consider administering a full treatment course using a medication from another class.

Note especially that topical insecticides may normally cause scalp rash, itching or a mild burning sensation (8). Be sure to remind families that itching after treatment with a topical

Table 1. Topical treatments for head lice infestations

	Trade name, approximate retail cost	Active ingredients	Method of use	Comments
Insecticides				
Pyrethrins				
First-line treatment in Canada, although resistance is being documented elsewhere (8,35)	R&C shampoo + conditioner $11.99 for 50 mL, $33.99 for 200 mL	Pyrethrin, piperonyl butoxide Made from natural chrysanthemum extracts Neurotoxic to lice, but very low toxicity to humans	• Apply thoroughly to dry hair and scalp that does not have residuefrom a conditioner, gel, creamor other grooming product • Soak with a minimum of 25 mL • Let sit 10 min • Add a small amount of water to form lather and work into hair • Rinse well with cool water, minimizing exposure elsewhereon the body • Repeat treatment 7–10 days later*	• True allergic reactions are rare, but possible if allergy to ragweed is present • May cause an itchy or mild burning sensation on scalp* • An acceptable treatment for confirmed cases of head lice in children ≥2 months of age
Permethrin				
First-line treatment in Canada, although resistance is being documented elsewhere (5,19,35,36)	Kwellada-P creme rinse Nix creme rinse $13.99 for 59 mL, $16.79 for 118 mL	1% permethrin (a synthetic pyrethroid) Neurotoxic to lice, but very low toxicity to humans	• After washing hair with conditioner-free shampoo, rinse, towel dry, and apply enough permethrin creme rinse to saturate hair and scalp • Let sit for 10 min • Rinse well with cool water, minimizing body exposure • Towel dry • Repeat in 7 days*	• Does not cause allergic reactions • May cause an itchy or mild burning sensation on scalp* • An acceptable treatment for confirmed cases of head lice in children ≥2 months of age
Noninsecticidal treatments				
Isopropyl myristate/ ST-cyclomethicone solution (34)	Resultz rinse $21.99 for 120 mL, $36.99 for 240 mL	50% isopropyl myristate and 50% ST-cyclomethicone Dissolves the waxy exoskeletonof lice, leading to dehydration and death	• Use a towel to prevent contactwith eyes and to keep clothes dry • Keep eyes closed throughout process, including the 10-min wait time • Thoroughly apply to dry hair and scalp • 30–60 mL for short hair, 60–90 mL for shoulder-length hair, 90–120 mL for long hair • Keep product on hair and scalp for 10 min • Rinse off with warm water • Repeat in 7 days	• May cause local irritation • Not recommended for use on infants or children <4 years of age • If contact with eyes occurs, flush well with water immediately

Table 1. (*Continued*)

	Trade name, approximate retail cost	Active ingredients	Method of use	Comments
Dimeticone solution	NYDA $36.99 for 50 mL	92% concentration of silicone oil dimeticone flows into breathing system to suffocate lice, nymphs and egg embryos	• Spray all over hair, massage in well • Leave on for **at least** 30 min, then comb well into hair • Leave on overnight, then wash with any shampoo • Repeat in 8–10 days • 10 mL for short hair, 18 mL for shoulder-length hair, 22 mL for long hair, 34 mL for very long hair	• Do not use in children <2 years of age • Low risk of eye irritation, but if contact occurs, flush well with water immediately

*An itchy or burning sensation on the scalp after treatment does not indicate reinfestation and need for retreatment. Using a topical steroid or antihistamine may help (From references 4,8)

insecticide is NOT a symptom of reinfestation. As with the initial diagnosis, diagnosing a reinfestation requires the detection of live lice. If post-treatment itching is bothersome, a topical steroid and/or an antihistamine may provide relief (4).

TOPICAL NONINSECTICIDAL PRODUCTS

Health Canada has approved the use of a new noninsecticidal product containing isopropyl myristate 50% and ST-cyclomethicone 50% (Resultz, Nycomed-Takeda Canada Inc.) for the treatment of head lice in children ≥4 years of age. This product works by dissolving the insect's waxy exoskeleton, causing dehydration and death. The product is applied to a dry scalp and rinsed off in 10 minutes. Because this product is not ovicidal, a second application 1 week later is recommended. Several small phase II trials (200 to 300 participants only) have demonstrated efficacy and minimal side effects, the most common being mild erythema and pruritis of the scalp (21–24).

A noninsecticidal product containing 92% concentration of silicone oil dimeticone (NYDA) is also available in Canada (25,26). Silicone oil dimeticone affects the insect's breathing apparatus and is effective against lice, nymphs and egg embryos. A second treatment is recommended after 8 to 10 days. This product is not recommended for use in children less than 2 years of age. To date, neither toxicity nor resistance are reported to be at issue.

Benzyl alcohol lotion 5% (Ulesfia lotion) is also approved for use in Canada. Benzyl alcohol is highly effective against live lice but is not ovicidal. A second treatment 9 days after the first treatment is required for a full treatment course. Benzyl alcohol lotion is approved for use in individuals 6 months to 60 years of age, and skin irritation is the only common side effect (27). This product is quite expensive compared with most other head lice treatments.

ORAL HEAD LICE THERAPIES

Data to support the use of oral agents in treating head lice are limited. Although trimethoprim-sulfamethoxazole was used to treat head lice in one randomized trial (28), both alone and in combination with topical permethrin, concerns have since been raised about the diagnostic criteria used and this drug's potential for promoting bacterial resistance and reducing its value in other settings if use against head lice becomes widespread (29). There are no published large trials for trimethoprim-sulfamethoxazole, and it is not approved for use in Canada against head lice.

There have been reports (30,31) regarding both the oral and topical use of ivermectin, an antihelminthic agent, to treat head lice. Treatment consists of two single oral doses of 200 μg/kg spaced 7 to 10 days apart. Ivermectin is potentially neurotoxic and should not be used in children who weigh less than 15 kg (4). This drug is available in Canada only through Health Canada's Special Access Programme (31). While topical ivermectin 0.5% is now available in the United States, it is not yet approved in Canada. A study of concentrations from 0.15% to 0.5% found best results of being louse-free with 0.5% (32). A second study of 0.5% topical ivermectin found 94.9% of treated individuals to be louse-free after 2 days. Occasional cases of minor eye irritation and mild skin burning were the only reported side effects (33).

WET COMBING

There is little evidence to support wet combing as a primary treatment for head lice (21,34). In a randomized trial of 4037 school children in Wales, UK (21) the mechanical removal of lice by combing wet hair with a fine-toothed comb every 3 to 4 days for 2 weeks was compared with two applications of topical 0.5% malathion lotion, 7 days apart (21). Wet combing resulted in a cure (no detection of live lice after 2 weeks) in 38% of cases, while the malathion treatment cured 78% of cases (21). Another study combining wet combing with topical 1% permethrin treatment did not improve on results obtained with permethrin treatment alone when assessed at day 2, 8, 9 and 15 (combing 72.7%, no combing 78.3%) (21). While vinegar has been suggested as a home remedy to aid wet combing, there are no studies showing its benefit.

OTHER PRODUCTS

A number of household products, such as mayonnaise, petroleum jelly, olive oil, tub margarine and thick hair gel, have been suggested as treatments for head lice. Applying a thick coating of such agents to the hair and scalp and leaving it on overnight theoretically occludes lice spiracles and decreases respiration (8). However, these products are not very effective at killing of lice compared with topical insecticides (3). There are no published trials on the safety or efficacy of such home remedies.

While natural products (e.g., tea tree oil) and aromatherapy have been used to treat head lice, efficacy and toxicity data are not available to support either therapy (3,9). One small study in Israel (34) found that a product containing coconut, anise and ylang ylang oils, applied to hair three times at 5-day intervals, was as successful as the control pediculicide.

Using flammable, toxic and dangerous substances like gasoline or kerosene to treat head lice or using products intended for treating lice in animals are not recommended under any circumstances.

SCHOOL AND CHILD CARE HEAD LICE AND NIT POLICIES

There is no sound medical rationale for excluding a child with nits or live lice from school or child care. A full course of treatment and avoiding close head-to-head activities are recommended. The American Academy of Pediatrics and the Public Health Medicine Environmental Group in the UK also discourage 'no nit' school policies (2,4,10).

The families of children in the same classroom or child care group where a case of active head lice has been detected should be alerted. Information on diagnosis and management of head lice from a credible source should be shared, along with clear messages that head lice are neither a disease risk nor a sign of lack of cleanliness.

THE ROLE OF ENVIRONMENTAL DECONTAMINATION

Data on whether disinfecting personal, school or household items decreases the likelihood of reinfestation are lacking (11,12). Because lice live close to the scalp, nits are unlikely to hatch at room temperature (3,10) and environmental cleaning is not warranted. At most, washing items in close or prolonged contact with the head (e.g., hats, pillowcases, brushes and combs) may be warranted. Wash such items in hot water (≥66°C) and dry them in a hot dryer for 15 minutes. Storing any item in a sealed plastic bag for 2 weeks will kill both live lice and nits (3,11).

THE ROLE OF HEALTH CARE PROVIDERS

Given the prevalence of head lice infestations and the anxiety they cause—for children, parents and child care or school staff—health care providers are uniquely qualified to dispel myths and provide accurate information on diagnosis, misdiagnosis and management strategies (2). Be sure to reinforce with parents and local school authorities that while head lice infestations are common, they do not indicate uncleanliness or spread disease.

RECOMMENDATIONS

Clinicians should provide parents with the most up-to-date information on head lice, helping to dispel long-held myths. Key messages include:

- Head lice infestations are common in school children but are not associated with disease spread or poor hygiene.
- Head lice infestations can be asymptomatic for weeks.
- Misdiagnosis of head lice infestations is common. Diagnosis requires detection of live head lice. Detecting nits alone does not indicate active infestation.
- Environmental cleaning or disinfection following the detection of a head lice case is not warranted. Head lice or nits do not survive for long away from the scalp.

Clinicians should provide the following advice about treatment of head lice:

- Treatment with an approved, properly applied, topical head lice insecticide (two applications 7 to 10 days apart) is recommended when a case of active infestation is detected.
- When there is evidence of treatment failure—detection of live lice—using a full course of topical treatment from a different class of medication is recommended.
- The scalp may be itchy after applying a topical insecticide but itching does not indicate treatment resistance or a reinfestation.
- Topical insecticides can be toxic. Take care to avoid unnecessary exposure and, when indicated, minimize skin contact beyond the scalp.

- Excluding children with nits or live lice from school or child care has no rational medical basis and is not recommended.
- For children ≥2 months of age, permethrin and pyethrins are acceptable treatments for confirmed cases of head lice. Dimethicone can be used in children ≥2 years of age. Myristate/ST-cyclomethicone can be used in children ≥4 years of age. Benzoyl alcohol lotion is comparatively expensive but can be used in children ≥6 months of age.

Schools and child care facilities should consider that:

- Excluding children with nits or live lice from school or child care has no rational medical basis and is not recommended.

Acknowledgements

This practice point has been reviewed by the Infectious Diseases and Immunization Committee and the Drug Therapy and Hazardous Substances Committee of the Canadian Paediatric Society.

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CPS COMMUNITY PAEDIATRICS COMMITTEE

Members: *Carl Cummings MD (Chair), Umberto Cellupica MD (past Board Representative), Tara Chobotok MD, Sarah Gander MD, Alisa Lipson MD, Marianne McKenna MD (Board Representative), Julia Orkin MD, Larry Pancer MD, Anne Rowan-Legg MD (past member)*

Liaison: *Krista Baerg MD, CPS Community Paediatrics Section*

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Policy 1040

ROLE OF THE TRUSTEE LIAISON AT PARENT ADVISORY COUNCIL (PAC) MEETINGS

Adopted: xxxxxxx	Reviewed:	Amended:

SUBJECT: **ROLE OF THE TRUSTEE LIAISON AT PARENT ADVISORY COUNCIL (PAC) MEETINGS**

The Board of Education for School District No. 78 (Fraser-Cascade) values the relationship with Parent Advisory Councils (PACs) in each of our schools. As such, the Board recognizes that a PAC, through its elected officers, may advise the Board, the principal and staff of the school regarding any school-related matter. PACs may select to have a specific trustee as a liaison in accordance with the regulations of this policy.

~~A trustee may attend, upon invitation, a PAC meeting to provide Board information on process in order to take matters forward and/or provide feedback.~~

~~A Trustee can provide clarity on the role of the corporate Board and how to best provide input for Board decisions.~~

Policy 1040

ROLE OF THE TRUSTEE LIAISON AT PARENT ADVISORY COUNCIL (PAC) MEETINGS

Adopted: xxxxxxx	Reviewed:	Amended:

REGULATIONS

SUBJECT: **ROLE OF THE TRUSTEE LIAISON AT PARENT ADVISORY COMMITTEE (PAC) MEETINGS**

DEFINITION:

The Parent Advisory Council (PAC) is a meeting for parents. Trustees are invited as guests, who have no official standing on the committee.

Liaison Role:

The Trustee Liaison attends a PAC's meetings to answer questions from the PAC, or refer parents to the appropriate contact person, or explain Board process(es). Trustees may bring a guest to a PAC meeting provided permission has been granted by the PAC Chair and the guest is there for a specific purpose relevant to the meeting agenda (for example the Secretary Treasurer may be invited to explain the budget). Trustee Liaisons are not the voice of the corporate Board, but are to act as a conduit, bringing information about what is happening at the particular school back to the board to be shared through their trustee reports. At PAC meetings, Trustee Liaisons may be requested by the PAC to provide a brief report containing information about what is happening in the district (for example ProD, budget, and/or new programs).

Procedure:

Trustee Liaison request forms will be sent out to each PAC at the beginning of each school year. The Board Chair will appoint a liaison to those PAC's who wish to have a Trustee Liaison.
With the understanding that new PACs form every year, trustees will not attend until appointed by the Board Chair. Training will be provided to trustees to ensure there is a clear understanding of their role.

~~Liaison Role:~~

~~A brief report, specifically referencing the school at which the PAC meeting is being held, and based on information from the public meeting of the Board of Education may be provided. Trustees may respond to questions from the PAC or they may refer parents to the superintendent for further information/clarification. Trustees are not eligible to bring items for the agenda, or bring other guests to the meeting.~~

~~A PAC must have made a formal unified recommendation to the Board Chair to have a trustee liaison and this request may be made for a specific trustee. A trustee may also attend from time to time as an invited guest, based on the corporate decision of the PAC.~~

~~Trustee liaisons do not act on behalf of the corporate Board, nor do they act as a conduit with information back to the entire Board. The proper protocol for messages to be relayed to the Board is a~~

~~letter, endorsed by motion in a PAC meeting, the entire PAC and sent on to the District Parent Advisory Council (DPAC), and if required, to the Board for response with copies sent to both DPAC and the Board.~~

Related Policies/Bylaws/Procedures:

- Policy 5000 (School Parent Advisory Councils)
- Policy 5002 (District Parent Advisory Council)
- Bylaw 17 (Trustee Code of Conduct)
- Fraser-Cascade School District Trustee Handbook

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

POLICY

NO: 7310
DATE: 2009-04-28
REVISED:

SUBJECT: **STUDENT PARTICIPATION IN EXTRA-CURRICULAR PHYSICAL ACTIVITIES**

The Board of Education encourages student participation in extra-curricular activities and that student participation in these activities be ~~believes that safety and health factors should dstudent participation in extra-curricular physical activities must~~ be ~~undertaken such that student participation is~~ dependent upon consideration of safety and health factors.

Student participation in school sports activities and other extra-curricular physical activities will be appropriate to each student's demonstrated level of conditioning and endurance, and will require informed parental consent.

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

REGULATIONS

NO: 7310 R
DATE: 2008-04-28
REVISED:

SUBJECT: **STUDENT PARTICIPATION IN EXTRA-CURRICULAR PHYSICAL ACTIVITIES**

Prior to any student's participating in a school sport or extra-curricular physical activity:

1. Schools will:

    a. Inform students and parents/guardians of recommended conditioning.
    b. Review with and provide information to students and their parents/guardians regarding the known potential risk factors involved in the particular sport or physical activity.
    c. As per Policy #5020 and Policy #5025, provide parents/guardians with acknowledgement of risk and consent forms (that might include Appendix A and B) that outline the known and potential risks of participating in the school sport or physical activity as per information provided from BC School Sports and YouthSafe Outdoors.
    d. Monitor student conditioning and health as students participate in a sport or physical activity and make any necessary decisions as per a~~ny~~ prudent parent ~~or guardian~~.

2. Students and Parents/Guardians will:

    a. Attend the school's information session and/or review information regarding risks, conditioning levels, and pertinent medical information.
    b. Complete and return the Acknowledgement of Risk and Consent form provided by the school.

School District 78
Fraser-Cascade

Appendix A:

Fraser-Cascade School District 78: Sudden Cardiac Arrest Screening
Sudden Cardiac Arrest Information

Medical History	**Yes**	**No**
I experience chest pain/discomfort upon exertion		
I have experienced unexplained fainting or near-fainting spells		
I experience excessive and unexplained fatigue associated with exercise		
I have had or been medically diagnosed with a heart murmur		
One or more close relative has died of heart disease before age 50		
A close relative under age 50 has been diagnosed with heart disease		
If answering "yes" to one or more of the above questions, the parent/guardian/student is strongly encouraged to secure a relevant physical examination from a physician, including specific assessment of the items on the following chart.		

Physical Examination

Heart Murmur detected		
~~Blood pressure is in normal range~~		
Femoral pulses are in normal range		
Physical appearance of Marfan Syndrome is apparent (see Appendix B of SD78 Policy 7310)		
Brachial artery blood pressure taken in sitting position is in normal range		

If you have any concerns arising from a review of this screening tool, as it pertains to an understanding of your physical fitness and health, you may wish to discuss it further with your family physician.

Appendix B:

What Are the Signs and Symptoms of Marfan Syndrome?

The signs and symptoms of Marfan syndrome vary from one person to another, even within the same family. Some people have mild signs and symptoms, while others may have severe problems and discomfort. Signs and symptoms occur in many parts of the body, including:

- The bones and ligaments
- The heart and blood vessels
- The eyes
- The lungs
- The skin

Appearance and Body Build

Some of the major signs of Marfan syndrome are the common physical features seen in people with the condition. People with Marfan syndrome often have:

- A tall, slender body build. They may be very tall or taller than other family members who do not have the condition. However, it should be noted that short, heavy people also can have Marfan syndrome.
- Long arms, legs, fingers, and toes. A person's arm span (the distance from the fingertips of one hand to the fingertips of the other with the arms stretched out from the sides) may be greater than his or her height.
- A long and narrow face.
- A highly arched roof of the mouth with crowded teeth.
- A receding lower jaw, causing an overbite.
- A protruding or sunken chest.
- A curved spine.
- Flat feet that are rotated inward (some people, however, have exaggerated arches).

Bones, Cartilage, and Ligaments

The bones of the limbs, hands, and feet often grow too long in people with Marfan syndrome. This typically leads to a tall, thin body with disproportionately long arms, fingers, legs and toes. People with Marfan syndrome have loose, relaxed ligaments and are usually loose jointed.

Chest abnormalities may occur due to an overgrowth of the ribs. There are two types of chest abnormalities:

- Pigeon breast, also called pectus carinatum. The chest protrudes outward like a bird's chest. This can affect heart and lung function.
- Funnel chest, also called pectus excavatum. The chest is sunken or indented, reducing the space between the breastbone and the backbone. As a result, the heart and lungs are displaced. Heart and lung function may be affected, leading to breathing and endurance problems.

Curvature of the spine may occur. It usually develops during childhood, often gets worse during the teenage growth spurt, and may require surgical treatment. The three main types of abnormal spine curvature are:

- Scoliosis – a side-to-side curvature
- Lordosis – an inward curvature of the spine in the lower back, just above the buttocks
- Kyphosis – an outward curvature of the spine in the upper back (hunchback)

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

POLICY NO: 7530

DATE: 97-10-14

REVISED: 2004-11-09

SUBJECT: **CHALLENGE, EQUIVALENCY, EXTERNAL CREDENTIALS, POST SECONDARY CREDIT, AND INDEPENDENT DIRECTED STUDIES**

==========

~~**PREAMBLE:**~~

~~This policy rescinds former policies related to challenge and equivalency credits in the *1995 Graduation Program*, and extends provisions for learning credit towards graduation to Grade 10 in the *2004 Graduation Program.*~~

~~**POLICY:**~~

The Board of Education recognizes that learning is a life-long activity. Students learn in a variety of ways, some of which take place outside of British Columbia or outside of the regular secondary school program.

Although the Board recognizes credit-earning opportunities as set out in the public school policies of the British Columbia Ministry of Education, the Fraser Cascade School District assumes no liability, financial or otherwise, for students who enroll in courses or programs offered by other jurisdictions or institutions.

SCHOOL DISTRICT NO. 78 (FRASER-CASCADE)

REGULATIONS

NO: 7530 R
DATE: 97-10-14
REVISED: 2004-11-09

SUBJECT: **CHALLENGE, EQUIVALENCY, EXTERNAL CREDENTIALS, POST SECONDARY CREDIT, AND INDEPENDENT DIRECTED STUDIES**

1. Students may earn challenge credits, equivalency credits, external credentials, credits for post-secondary studies, and independent direct studies credits towards graduation as set out in the British Columbia Ministry of Education's public school policy,

   Earning Credit through Equivalency, Challenge, External Credentials, Post Secondary Credit, and Independent Directed Studies,

   with the following additions:

   Non-enrolling students, applying for Challenge Credits, will be charged a fee, on a cost recovery basis, for each Ministry-approved course challenged.

~~**1. Equivalency Credits: (For Documented Prior Learning)**~~

~~This Policy describes how secondary schools award credit to students who have successfully completed an equivalent Grade 10,11 or 12 course form an educational jurisdiction or institution outside the B.C. school system.~~

~~a. All secondary students enrolled in a Board of Education, with the exception for some international students (see the International Student Graduation Credit Policy), are entitled to apply for an *Equivalency Review* of their documented prior learning;~~

~~b. Principals will award credit to students based on equivalency for grades 10, 11, and 12 Ministry developed courses, and for board authorized courses;~~

c. There are no limit to the number of credits that students may be granted for equivalency;

d. In order to receive credits through Equivalency, students must provide the appropriate documentation as proof of successful completion of the course;

e. Students will not be charged for *Equivalency Reviews*; however, students may be asked to provide translations if documents are not in English or French;

f. Schools will award equivalency credits when there is a match of 80% or more of the learning outcomes to either a Ministry developed or board authorized Grade 10, 11 or 12 course, and when there is a demonstrated comparison of the learning standards, depth and breadth of coverage of the subject matter, and a comparison of the assessment standards as determined by course or program descriptors, outlines, and/or plans;

g. Schools will report a letter grade and percentage to all credits awarded through Equivalency. If a percentage is not available on the transcript being evaluated for Equivalency Credit, then schools will award the mid-point percentage of the letter grade assigned on the transcript under review;

h. If it is not possible to determine either a letter grade or percentage from the documentation, then schools will indicate the grade as "*Transfer Standing (TS)*;

2. Challenge Credits: (Undocumented Prior Learning)

This Policy describes how secondary schools award credit to students who can demonstrate prior learning.

a. All secondary students, with the exception for some international students (see the International Student Graduation Credit Policy), are entitled to apply for a free of charge *Challenge Credit Review* of their undocumented prior learning provided the student has not previously taken and been awarded credit for the course under challenge;

b. Non-enrolling students, applying for Challenge Credits, will be charged an assessment fee of $125.00 for each Ministry approved course challenged. The Board will not assess non-enrolling students for *Challenge Credits* for Board Authorized Courses;

c. Enrolling students may challenge for credits, courses offered in other district schools as per this policy or for courses offered in other school districts as per their course challenge policies and regulations;

d. There is no limit to the number of courses that may be awarded through *Challenge*, *though a* student may only challenge a particular course once;

e. Schools will first review all documentation of prior learning a student presents to determine if credit can be awarded through *Equivalency* before a student undertakes a *Challenge* process;

f. Students should be able to first demonstrate their readiness to Challenge a course based on factors such as a recommendation from a previous teacher or from evidence that relevant learning has been acquired outside the regular classroom setting. School staff, in consultation with students and parents, will make the decision about readiness;

g. Schools will award Challenge credits when the student demonstrates competency of at least a C- or 50% standing based upon the same exit standards as students who have taken the course through enrollment;

h. The Challenge process must assess students on all course learning standards of Grade 11 and 12 and the Big Ideas, Curricular Competencies, and content of Grade 10 courses. Students will be assessed for Challenge credits through, for example, laboratory demonstrations, oral performances, interviews, written examinations, presentations of a collection of portfolio work and/or any other relevant assessment means as determined by the school principal;

i. For reporting and transcript purposes, schools will assign a letter grade and percentage or, when a percentage cannot be determined, a TS "Transfer Standing" to all credits awarded through *Challenge* processes.

3. External Credentials: (Ministry-Approved Documented Prior Learning)

This Policy describes how students earn credit towards graduation through external credentials provided by the ministry.

a. All secondary students enrolled with the school board are entitled free of charge, a review to determine any credits earned for *Ministry-Approved Credentials*;

b. There is no limit to the number of credits a student may earn for *Ministry-Approved Credentials*. However, there may be credit restrictions between credentials where the external courses or programs are deemed to be equivalent. It is the responsibility of the Board to ensure that students do not receive double credit for credentials deemed equivalent. Credit restrictions are available on the Course Registry website;

c. Although schools will provide assistance for students in determining whether or not Ministry-Approved Credentials will assist each student in meeting his/her post-secondary entrance requirements, it is the responsibility of students and parents to verify admission requirement for the post-secondary institutions they plan to attend;

d. Students must provide the school principal with the appropriate documentation proving successful completion of the external assessment, course or program;

e. Students may earn credits for *Ministry-Approved Credentials* earned prior to entering grade 10;

f. For reporting and transcript purposes, schools must assign all credits received as a result of an external credential either a letter grade and percentage (if possible to determine) or *"Transfer Standing" (TS).*

4. Credit for Post-Secondary Courses

This policy describes how students earn credit towards graduation by earning credit for courses at specific Post Secondary Institutions. Students are entitled to earn "dual credit" if they earn credit that leads to a post-secondary credential form a post-secondary institution which is a member of the British Colombia Transfer System or offered in French through Educacentre.

a. Schools will review, free of charge, students' transcripts upon request to determine if they are entitled to earn any credits for post-secondary courses as listed in the most recent edition of the *British Columbia Council on Admissions and Transfer Guide* (BCCAT), as specified in individual *Career Technical Center (CTC)* program agreements or as included in a BC public post-secondary institution's calendar as a course leading to a credential of one year or less, a two-year diploma or a four year degree. Applicable post-secondary level courses count towards the required number of Grade 12-level credits needed to satisfy graduation requirements;

b. Credits granted for post-secondary courses will be reported using course codes listed in the online *Course Registry*;

c. For reporting and transcripts purposes, schools will assign all credits earned at a post-secondary institution a letter grade and percentage. Such courses will be awarded four credits, regardless of the number of credits indicated on the post-secondary institution's transcript, unless the course is offered in modules. Credits for modules will be granted proportionate to 4 credits for the whole course;

d. Adult Basic Education Courses (ABE) do not count for dual credit.

5. Independent Directed Study (IDS)

This policy enables students to initiate their own area of learning and to receive credit towards graduation. The Policy allows schools to recognize learning in a Ministry developed or Board Authorized course that a student may not have completed. This policy is not a student entitlement but an enabling policy intended to encourage schools to allows students to pursue studies of interest.

a. Schools may allow students to take independent directed study courses to initiate the student's own areas of learning, to recognize prior learning in a ministry or board authorized course for which the student did not complete, and to receive credit for graduation;

b. Schools may work with students to develop IDS courses that are based upon the learning outcomes from any Ministry-approved or Board-Authorized grade secondary course. Students may pursue learning in depth of one or more learning outcomes, or may study more broadly a wide variety of learning outcomes from a single course;

c. IDS credits may only be used to satisfy elective requirements;

d. Students may earn 1, 2, 3 or up to 4 credits for a single IDS course or for a portion of a course, but there is no limit to the total number of IDS credits a student may earn. Grade 12 IDS credits may count toward the maximum of 16 grade 12 credits required for graduation;

e. The number of credits a student may earn will be set out in a plan developed by the student and a teacher, and approved by the principal and the student's parent/guardian;

f. For reporting and transcript purposes, schools must assign all credits received from an independent-directed study a letter grade and percentage.

g. When students complete a portion of the outcomes of a course, schools may report their achievements to the Ministry using IDS credits by pro-rating the credit value by the percentage of course outcomes completed.