

Pediculosis (Lice) Management 5420.1R

GOALS

The goals of the school district are to:

1. Decrease absenteeism
2. Support families in their efforts to control and eliminate lice
3. Maintain student privacy

HISTORY/CURRENT GUIDANCE

Head lice (pediculosis capitis) are small, parasitic insects that live on the scalp and neck hairs of their human hosts. The presence of lice is, most often, detected through the presence of adult lice or nits (eggs) attached to the hair shaft of the host. Complications of infestations are rare and no disease is associated with head-lice. Head lice outbreaks have become common in schools and do not reflect upon a person's living conditions or poor hygiene. Lice do not care if they are on a clean head or a dirty one and do not discriminate between classes. Although it is unlikely that lice will spread through classroom contact, they can be spread among school children through head to head contact or from personal items such as combs, brushes and hats that are shared. Most cases are acquired outside of school.

Currently, the American Academy of Pediatrics discourages the practice of wide-spread lice screening and rejects the exclusion of students infested with lice from school. These recommendations are based on research indicating that screening is ineffective and not cost effective. Further, the exclusion of students from class has more negative consequences for the academic and social emotional health of students than the relatively low risk of transmission of head lice. Ultimately, the AAP recommends that the best way to interrupt any lice problem is with regular checks by parents and early treatment with a safe, affordable, over the counter medication.

More information on lice and guidance for management in schools can be found at:

<http://pediatrics.aappublications.org/content/135/5/e1355>

<https://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/smId/824/ArticleID/934/Default.aspx>

<http://www.cdc.gov/parasites/lice/head/schools.html>

CURRENT POLICY

In accordance with AAP and NASN recommendations, the School District does not perform lice screenings on a regular basis and will only screen children reported to be symptomatic. Students that are referred to the health office having nits or live bugs found on them will be allowed to remain in school. No students found having nits will be excluded from school. Students with live bugs must be treated prior to the return to school however, due to the low incidence of school transmission, they will be allowed to remain in school on the day of discovery and may return as soon as treatment is started. In the rare occurrence of intense infestation, the School Nurse and District Physician may require the student start treatment prior to returning to class on the day of discovery. Determination of the need to start treatment immediately is determined solely by the School Nurse and District Physician. In rare cases of chronic or repeated infestation the Administration may require documentation of treatment by a physician prior to the return to school.

In order to support parents in understanding, identifying and eliminating head lice, the District will maintain informational resources on its web site related to the subject and provide parents of students found to have need of treatment with resources that include the life cycle, identification, prevention and treatment of head lice.

The District Superintendent may allow Parent Teacher Associations to sponsor lice checks up to three times during the school year. These checks are subject to regulations ensuring confidentiality, parent notification and the opportunity for parent opt-out.

REGULATIONS

When a student is found to have nits present (no live lice detected):

1. The parent is notified and instructed to treat the student and nit-pick daily, for a period of at least 2 weeks. Information related to the detection and elimination of head lice is sent home with the student. Referral information to private practitioners is also available upon request.
2. The student is permitted to return to class.
3. If future checks reveal an increased number of nits present or it appears to the screener that the students hair has not been treated, the parent will be contacted for follow up and support.

When a student is found to have live bugs:

1. Parent or guardian is notified and given information related to the detection and elimination of head lice as well as information regarding head lice/nits, their life cycle, how to check the child. A list of online information resources and referral information to private practitioners will be included.
2. The student is allowed to return to class to finish the school day however, the student's parents will be encouraged to pick up their student at the time of detection in order to ensure no further transmission occurs. If the student does return to class, the student will be instructed to avoid head to head contact and the sharing of personal items such as hats and combs. In cases of intense infestation as determined by the School Nurse and District Physician, the student's parents may be required to pick the student up to start treatment immediately.
3. The parent is instructed to treat the student before returning to school. Students may return to school once treatment is started.
4. Follow up head checks may be performed by the School Nurse to confirm lice management efforts.
5. In cases of children who are repeatedly or chronically infested, the District Physician and Head Nurse may require additional proof of treatment and offer additional support to the family.

Follow up to identified cases of nits and live bugs:

1. If the student has siblings (not in the immediate building), the nurse will notify that building and have the student(s) checked in their health office. The procedures above will be followed for all siblings found with either nits or live bugs.
2. In cases of either intense infestation or a number of cases within a class, whole class checks may be performed at the discretion of the School Nurse and District Physician.
3. Notification for the presence of head lice is to be done on an individual/ case by case basis to the parent/guardian of an infested student. Classroom notifications are not done with typical head lice cases.
4. In very unusual circumstances, it may be appropriate, in the professional opinion of the School Nurse in consultation with the School Principal, District Physician and Director of

Student Services, to consider a general parent/guardian notification for an extremely high number of identified cases of head lice.

Classroom follow up:

1. The School Nurse will inform the custodian of any lice infestation.
2. Custodians will vacuum all rugs and upholstery present in the classroom and clean all surfaces thoroughly.
3. The Nurse will advise the teacher whether any specific items (stuffed animals etc.) should be treated.

Community Advisories and Resources:

1. At the beginning of each year the School Nurses will send information (by email) on the prevention, identification and elimination of lice. Parents will be encouraged in this email to regularly check their children for lice. It will also include a link to the school policy and any screening agreements with building Parent Teacher Associations.
2. The nurse's office in all buildings will maintain informational packets for families that request information on lice
3. The Head Nurse will maintain a list of resources on the website including information on:
 - a. The life cycle of lice
 - b. Detection of lice
 - c. Elimination of lice

PTA Sponsored lice Checks:

Although the District does not feel that there is a need to conduct school-wide lice screenings, the District is not opposed to PTA sponsored checks up to three times yearly as long the following structures are in place:

1. Parents are provided notice of the checks and an opt-out option (can be included in the email sent at the beginning of each year by the School Nurse).
2. Screenings are conducted with the support of the School Nurse only. No members of the PTA may be present during the screenings nor may information about the outcomes of those screenings be shared with the PTA.