

# Policy

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## PEDICULOSIS (HEAD LICE)

The Board of Education recognizes that control of the spread of Pediculosis (Head Lice) through casual contact is essential to the well-being of the school community and to the efficient District.

### **Objective:**

The goal is to keep students in a safe and healthy learning environment and reduce absenteeism.

Children found to have live lice or nits will not be excluded from the classroom. Parents will be notified, head to head contact will be discouraged and treatment options will be discussed.

### **Policy:**

Children found to have live lice or nits will not be excluded from school. When a student exhibits symptoms of head lice (itching, scratching, visible nits, etc.) they will be screened by a trained staff member. If found to have lice, parents/guardians will be notified, head-to-head contact will be discouraged and treatment options and education about head lice will be presented. Parents may choose to pick up their child upon discovery or at the end of the school day. If the child does stay for the remainder of the school day, care will be taken to tie back the child's hair and education will be given to the child on no head to head contact with others. "Head lice infestations have been shown to have low contagion in classrooms (Pediatrics, 2015)." The teacher will also be notified to help promote no head to head contact and to keep confidentiality. If the child is found to have a chronic infestation, the district nurse will be notified and more education with the family will be completed.

Classroom and school wide checks will not be conducted as transmission in the school setting has been found to be rare. Mass screenings are not any more effective than symptomatic screenings nor cost effective (NASN, 2016). However, we will make a best effort to screen close contacts of the child with head lice. A close contact includes all members of the household, friends who have recently spent the night or children who have spent time away with the individual (example: camp, sleepover, etc.). In addition, precaution will be taken for mass infestations when the majority of a class is infested. For mass infestations, the entire class will be screened and the parents will be notified despite their child having live lice or not.

Mass letters will also **not** be sent home highlighting a case of head lice. These have been shown to increase anxiety, social stigmas and put the child's confidentiality at risk (NASN, 2016). However, as stated above, if there is a mass infestation affecting the majority of the class, a letter will be sent home.

Parents/Guardians have the ultimate responsibility for their children, which includes assisting in the prevention and management of head lice cases through regular checks of their children's hair and starting immediate treatment when head lice are detected.

### **Rational:**

Head lice have not been shown to spread disease (CDC, 2015). Mass screenings, notifications and restrictions from schools have been shown to not improve or prevent the transmission of head lice,

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however, have been shown to cause unnecessary absenteeism, increased district cost, violate children's civil liberties and confidentiality (NASN, 2016).

## **IMPLEMENTATIONS:**

### **Treatment**

The parents of the affected child will be encouraged to treat the child's hair and the child can return to school the next day. Health Services will make an effort to educate parents on the prevention, detection and treatment of head lice.

### **Restrictions to school access**

Head lice do not spread disease, thus requiring a child to be restricted from school for having head lice and nits may violate a child's civil liberties plus most health care professionals agree that "no nit" policies be abandoned (Pediatrics, 2015). Therefore, there will be no restriction to the child's attendance to school for live lice or nits.

### **Follow-up**

The school nurse, or trained health aid will then screen the affected child's hair upon return to school, at day 7 and at week 3 from diagnosis to ensure the treatment was effective and there are no live lice. If live lice are again found, then another phone call will be made to parents to recommend re-treatment (CDC, 2015).

### **Resistant forms and individual chronic infestations**

Precaution will be taken for mass infestations when that majority of a class is infested. For mass infestations, the entire class will be screened and the parents will be notified despite if their child has live lice or not.

If a child has a large, resistant or chronic infestations the school nurse should be involved to offer resources to families and follow up with the public health nurse or the child's pediatrician for effective treatment options (Pediatrics, 2015).

### **Responsibilities of school faculty and staff**

Educators will reinforce no head to head contact of children and will also promote that children not share personal items including: combs, hats, scarves, hair bands, etc. There will also be encouragement of teacher promoting good health habits such as, using their own headphones, putting hats in sleeves of coats, etc. If an infestation is found, the classroom teacher will need to make a work ticket for the cleaning staff to take caution to vacuum carpeted and upholstered areas. Teachers will need to bag up any cushions, stuffed animals, bean bag chairs, etc. in any area the child had contact with for the previous 48 hours before discovery. These items will continue to be bagged for the duration of 2 weeks (CDC, 2015). School faculty and staff will also be careful to keep the diagnosis confidential and on a need to know basis (Pediatrics, 2015).

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## **Responsibilities of Parents**

More education on how to screen for lice and how to treat lice will be provided to parents at intervals throughout the school year. Education will include: incidence, life cycle of the head louse, mode of transmission, importance of regular surveillance at home, recommended evidence based treatment

options and care of the home environment (NASN, 2016). It will be encouraged that parents check their child's hair before returning to school in the fall, after spring break, Christmas break and at least every two weeks during the year. Thus, treatment can begin before the school year begins (Pediatrics, 2015). Parents are the best surveyors and can provide immediate treatment.

## **Responsibilities of the Health Aide**

An annual education requirement of the health aides will be implemented. This will include noting the signs and symptoms of a lice infestation, which includes but are not limited to: scratching the hair/scalp and visual identification of lice or nits (CDC, 2015). The aide will be able to vocalize the procedure for what to do when finding head lice, according to the school district's policy. Competency will be recorded yearly on the education plan. It is the health aide's responsibility to notify the school nurse if there is a classroom that has the majority affected by lice or if a child has resistance to treatment or has chronic infestations. Health aides will be able to screen symptomatic children, assist in putting their hair up (if applicable), and notifying parents if lice or nits are found. They will also be sending education letters home to parents for review.

## **Responsibilities of School Nurse**

The school policy for head lice should be reviewed periodically to ensure it is up to date with evidence based practice. The school nurse will be responsible for ensuring the school health aids are competent to search for head lice correctly and are knowledgeable on the school's policy. The school nurse will be responsible for updating the school's website with up to date information for parents on screening and treatment as well as sending an annual back to school letter to parents and additional education throughout the school year. The nurse will also ensure that faculty and staff are educated. Lastly, the nurse will collaborate with the Public Health Department if necessary as well as the chronically infested children's families to ensure proper treatment is being followed (WDPI, 3013).

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## Sources

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