

ASD Healthcare Services Policy Manual

Title: STANDARD NURSING PROCEDURES
Section: V-7 HEAD LICE (PEDICULOSIS) MANAGEMENT
Date Adopted: August 1, 2011

Policy:

PURPOSE: To contain infestation of head lice among the school age population while maximizing students' academic performance and minimizing absences due to unnecessary exclusion of students using nursing/medical best practices. The American Academy of Pediatrics and the National Association of School Nurses no longer endorse a "No Nits" policy in schools. Exclusion is not an effective tool in reducing lice outbreaks.

<http://pediatrics.aappublications.org/content/pediatrics/early/2015/04/21/peds.2015-0746.full.pdf>

<https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/head-lice-management-in-the-school-setting>

POLICY TEXT:

- I. **STANDARD:** The school nurse will examine the head of any child suspected of having live lice infestation and notify the parent/guardian. Positive lice are not a public health emergency.

Children returning to school after treatment for head lice will be examined by the school nurse or by the building Principal or designee to verify absence of live lice prior to entering the classroom.

II. PROCEDURE:

- A. Upon notification of suspected cases of head lice, the school nurse or designee will examine the student.
1. An infestation will be determined by looking closely though the hair and scalp for viable nits or live lice. Lice and nits (dirty-white to gray colored eggs attached to the hair shaft) are visible to the naked eye. Nits which are farther than ¼ inch from the scalp are not considered viable because eggs are laid at the scalp and the life cycle is short, therefore, any remaining nits beyond 1/4 inch (hair growth takes time) are either empty or dead.
 2. If live lice are found on the hair, the parent/guardian will be notified same day via phone, email, and/or a note sent home with the student. The parent/guardian will be provided with information on biology of head lice, methods to eliminate infestation, and directions to examine household contacts for lice and nits and that the student must check in first with the school nurse upon returning to school the next day.
 3. The student will remain in his/her classroom for the remainder of the school day.
 4. The school nurse or designee examines the students most likely to have had direct head to head contact with the affected student (especially recent sleepovers) or are symptomatic. (Parents/guardians may be referred to their health care provider for follow up if there are positive findings, or lice are resistant to treatment).
 5. If four (4) students in one class are affected, all classmates will be checked and all parents of the class affected will be notified.

6. Notify Teacher and Principal of student positive for head lice, and remind of re-examination requirements upon return to school.

B. Upon students return to school:

1. Examine student's hair for presence of lice at the beginning of school. Student is required to be live lice free to return to school the next day.
2. Allow student to remain in school if no presence of live lice. A student may remain in school if only nits are found.

C. Additional information relating to head lice:

1. Parents/guardians will be encouraged to verify treatment as soon as possible after notification.
2. If the parent/guardian is unable to afford treatment, other resources will be explored.
3. Students will be discouraged from direct head to head contact with other students. The school nurse will provide in-service education to staff regarding how handle nits and/or live lice in the classroom.
4. **Staff will maintain the privacy of** students identified as being infected with head lice.

NOTE: The most common means of transmission is through physical/direct (head to head) contact. Indirect transmission is uncommon but may occur from shared combs, brushes, hats, and hair accessories that have been in contact with an infested person. Schools are not a common source of transmission. Lice prefer clean hair because it is easier to attach to the hair shaft to lay their eggs.

III. FORMS/RESOURCES

Head Lice Handout NUR #0519

https://share.asdk12.org/support/health/Health_Services_Forms/Head_Lice_Handout_0519.pdf

Lice 10 Steps Handout Nur #0521

https://share.asdk12.org/support/health/Health_Services_Forms/Lice_10_Steps_Handout_0521.pdf

Managing Infectious Disease in Child Care and Schools- A quick Reference Guide, 2nd Edition

Amends/Rescinds: Nov 3, 2017

Cross References:

Legal References: