

GUIDELINES FOR THE CONTROL AND TREATMENT OF HEAD LICE/NITS IN SCHOOL

Current evidence-based practice does not support exclusion of students for head lice or the use of classroom and school-wide screening. Head lice can be a nuisance, but they have not been shown to spread disease. Exclusion from class or school is generally not warranted.

Students diagnosed with live head lice will not be sent home from school early as a standard practice. Students will be permitted to remain at school until the end of the school day.

In accordance with recommendations of the Center for Disease Control (CDC), the National Association of School Nurses, and the American Academy of Pediatrics, the following guidelines and procedures shall be used to respond to the presence of head lice in the school setting:

1. Head lice shall be treated as a medical issue that requires the same level of confidentiality as all other medical concerns.
2. Measures to avoid isolating or stigmatizing students with suspected or known/confirmed head lice shall be utilized.
3. The school nurse shall determine the appropriate course of action for each presentation of head lice on a case-by-case basis. This includes, but is not limited to, communication to parents and classroom or grade level head lice checks if warranted.
4. In cooperation with the school nurse, the school administration shall assist in the education of parents and staff members about the diagnosis, treatment, and prevention of head lice. Head lice information shall be available upon request from the school nurse.

IF SUSPECTED:

1. If suspected of having head lice, the student shall be removed from the classroom as unobtrusively as possible for further inspection.
2. A student may be suspected of having head lice if the following are noted:

- a. The student complains of an “itchy scalp” or is observed scratching his/her scalp.
 - b. The student has nits and/or live lice.
 - c. The student has open sores/lesions on the scalp.
3. The student may be inspected privately by the school nurse, or by other trained building personnel, in collaboration with the school nurse.

IF THE STUDENT IS FOUND TO HAVE LIVE HEAD LICE OR NITS:

1. The parent/guardian or the designated emergency contact person will be notified. The school nurse will provide education to parents/guardians regarding treatment of lice. The student shall be allowed to return to the classroom for the remainder of the day when possible.
2. While there is no medical reason to remove a child from school due to head lice, the student’s parent/guardian or emergency contact may choose to take the student home before the end of the school day.
3. The student can return to school immediately following the start of treatment. Students may be re-inspected by the school nurse or school nurse’s delegate upon return to school.
4. The goal shall be to assist families in breaking the cycle of reinfestation while encouraging school attendance and supporting the student’s emotional health.

REPORTING:

1. Parents/guardians are encouraged to report cases of head lice to the school nurse.
2. In accordance with Wisconsin Department of Health Services communicable disease reporting requirements, head lice infestations are not reported to the public health department unless there are other communicable disease related concerns.

LIMITING OUTBREAKS:

1. The Verona Area School District reserves the right to inspect other known household contacts (e. g., siblings) and close personal contacts attending school in an effort to stem outbreaks in other classes. However, seldom is inspecting an entire classroom or student body necessary or effective.

2. The school nurse shall monitor environmental conditions and be responsible for making recommendations to decrease transmission of head lice.
3. Lice outbreak notification letters will be sent home to alert families when a high percentage of children in a classroom have known lice infestations.

Center for Disease Control www.cdc.gov

American Academy of Pediatrics Clinical Report-Head Lice 2015

National Association of School Nurses Position Paper www.nasn.org