

BERLIN VISITING NURSE ASSOCIATION

SCHOOL HEALTH POLICY

HEAD LICE POLICY

I. POLICY:

Any student suspected of having head lice will be screened by the school nurse or designee.

Parents of students with an active head lice infestation must be notified. In these cases, the school will recommend and encourage parents to pick up their children to begin treatment. That student must be treated that evening and can return to class after proper treatment has begun.

Parents will be provided with educational material and resources in management of head lice. If the child remains in school, this information will be sent home with the child. If the parent picks the child up, the school nurse will provide the information to the parent and show the parent how to detect and remove lice and nits on their child's head.

At the elementary level, when there is at least one live lice infestation in a classroom, a letter to all parents in that child's class will be sent home to inform families of the incident and advise them to take precautions.

Routine classroom or school-wide screening for head lice is not recommended and only students exhibiting symptoms will be screened, unless administration determines it is necessary.

We expect all parties to maintain confidentiality when a child is diagnosed with head lice.

School personnel involved in detection of head lice infestation will be properly trained.

II. DEFINITION:

Head lice (*pediculus capitus*) are small parasitic insects that live on the scalp and neck hairs of their human hosts. The presence of lice is often detected through the presence of adult lice or nits (eggs) attached to the hair shaft of the host, most often at the nape of the neck and behind the ears. Complications of infestations are rare and involve secondary bacterial skin infection. Pruritis (itching) is the most common symptom of a lice infestation. Other symptoms include:

- A tickling feeling or a sensation of something moving in the hair.
- Irritability and sleeplessness
- Sores on the head caused by scratching. Sores caused by scratching can sometimes become infected with bacterial normally found on the person's skin.

Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene

or cleanliness in the home or school has nothing to do with getting head lice. Research data does not support immediate exclusion upon the identification of the presence of live lice or nits as an effective means of controlling pediculosis transmission. By the time a student with an active head lice infestation has been identified, he or she may have had the infestation for one month or more and, therefore, poses little risk of transmission to hers. The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice.

III. RESPONSIBILITY:

School nurse or trained designee

IV. PROCEDURE:

1. Parents of students with an active head lice infestation will be notified.
2. Parents will be encouraged to pick up children to begin treatment.
3. Parents will be given educational material and resources.
4. If the parent picks the child up, the school nurse will show the parent how to detect and remove lice and nits on their child's head.
5. At the elementary level, when there is at least one live lice infestation in a classroom, a letter to all parents in that child's class will be sent home to inform families of the incident and advise them to take precautions.
6. Only students exhibiting symptoms will be screened.
7. The person screening the child will wear gloves and use wood applicator sticks to go through the hair.
8. The screening will be done in an area with privacy and good lighting.
9. Head lice will be documented in the student's SNAP health record.

V. DEVELOPED: 5/2015

VI. REVISED 7/2016