

## HEAD LICE (Pediculosis)

Students found to be infested with head lice or head lice nits are excluded from school and required to receive suitable treatment immediately.

Students identified with head lice infestation are sent home with the parent if possible. With parent permission students may be released to another adult.

Students will be given an excused absence for the day and following day to allow for treatment however; they may return to school earlier if proof is provided that treatment has taken place and the child is free of head lice and/or head lice nits. The parent or adult parent representative must wait until the re-check is completed.

The school nurse, secretary, designated personnel will be assigned to recheck the child's head. If lice or nits are found, the parent is required to take the child home for additional treatment. A pass will be sent with a checked student so the teacher is aware that the check was clear. If a student is present without a pass, the teacher is to send the student to the clinic immediately.

The student will be rechecked for two consecutive weeks following the student's return to school by the school nurse to verify re-infestation has not occurred.

Rooms of the school are disinfected as determined by the school nurse and principal.

When more than six students in a given building have pediculosis at any one time, a letter is sent to all parents advising them of the problem. If more than two infested students occur in a given classroom, all students in the class are screened. If more than two classrooms have infested students, screening will be considered for the entire school.

Whenever the Hamilton County Board of Health issues new written guidance on this matter, this policy will be reviewed for necessary revisions.

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CROSS REFS.: JHC, Student Health Services and Requirements  
JHCC, Communicable Diseases

## HEAD LICE (Pediculosis Standard Guidelines)

### School Exclusion Policy

Students will be excluded promptly if found to have live head lice. Students will be excluded at the end of the school day if found only to have nits.

### Notification of Parents

Ideally, a parent or guardian should come to school to pick up the child. This allows the school staff to show the parent evidence of the child's infestation, answer the parent's questions, clear up any misconceptions, and provide the parent with education in the transmission, treatment and follow-up of head lice. The parents of students found to have head lice should be given the policy and information sheet, which will be reviewed with the parent. The parent should be aware that other family members may be infested and need to be checked and treated.

If the parent is unable to come to school, the school should send home the lice letter with the child. A telephone call to the parent explaining the above information is recommended.

### Recommended Treatment

Recommend treatment of the child with an FDA approved, OTC product, which is synergized pyrethrins or permethrin based (Rid, Nix, pharmacy brand). Stress the importance of reading and following package insert instructions. Emphasize the use of an effective metal lice comb (such as LiceMeister) to remove nits and dead lice. (Allergy alert: Do not use pyrethrins if allergic to ragweed or chrysanthemums)

### Readmission

The student is given an excused absence for the day and the following day to allow for treatment however; they may return to school earlier if proof is provided that treatment has taken place and child is free of live head lice. The parent or adult parent representative must wait until the re-check is completed.

"No Nit" policies have not been proven to put an end to the spread of louse infestations. It increases the number of school days missed by children, to their detriment. Nit removal may also take a number of days if a child is heavily affected. Therefore, children with nits only should not be excluded from the school setting.

### Chronic Cases

If it is felt that adequate treatment has not be done appropriately by the caregiver, despite instructions, the nurse should consult with the principal in dealing with chronic cases.

Instruct the family that frequent contacts that the child is around, such as babysitters or playmates, should be notified and checked for lice. Explain that most lice infestations do not start in the school but in the home. It is usually futile to try to determine where or whom the child became infested. Breaking the chain of transmission is the only way to prevent chronic infestation and reinfestation. Removing lice and nits from all infested persons is the best method to prevent transmission. Options for treatment at this point include: manually picking out the nits and bugs, trying alternative natural treatments (See Attachment) or discussing with PCP prescription treatments such as malathion lotion (Ovide) which will be completed by the parent or guardian.

### Family Member Screenings

All family members living in the same household that attend the same school as the child identified with lice should be screened for head lice by the school nurse or designee.

### Classroom Screenings

If two or more head lice cases are found in a classroom, designated personnel will check the classroom and report to the nurse.

Upon entering each room, a screener briefly explains to the children what will be done. Absent children are noted. After the child's head is inspected, the child returns to his/her seat regardless of whether head lice are found. Children with pediculosis should be noted on the class list or listed on the screening forms. The screener must be careful to conceal the identities of children with lice so as not to embarrass them in front of classmates. Students should not be sent out of the classroom at the time of the screening. Each parent/guardian should be called to explain the lice letter and treatment. An exclusion list needs to be given to the office. A letter will be sent home with every student in the class to inform parents of the situation and encourage that they check their child's hair.

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