

CONTROL AND PREVENTING THE SPREAD OF HEAD LICE

Head lice (*pediculus capitus*) are small parasitic insects that live on the scalp and neck hairs of their human hosts. They are about the size of a sesame seed and can move very quickly, though they do not fly or jump. Head lice move from person to person by direct head to head contact or by sharing items such as combs, hats, etc. Head lice are common and can affect anyone who has hair. Studies have shown that head lice prefer the cleanest of hair. Head lice lay tiny white eggs called nits, which are attached to the hair shaft with a glue-like substance. Unlike dandruff, nits are not easily removed from a strand of hair. Physically they have remained unchanged for 2000 years. **Lice are not a serious health threat because they do not cause illness or disease.** Complications related to infestation are rare; pruritis (itching) is the most common problem. Regular school attendance and the maintenance of a conducive learning environment are vital to the academic success of children.

Because head lice is communicable and can cause considerable anguish and a financial burden on the family, it is very important that school and family work together to provide medical treatment for each child. Should a parent be told that their child has been infected with lice, the parent is to make every effort to quickly seek medical attention so that the child's absences will not be excessive. Additionally, should a parent discover head lice on his/her child, we would ask that the parent notify the school so that other students may be examined to prevent further spread of the problem.

A maximum of 2 days of excused absence will be allowed to complete treatment of head lice. Additional days of absence will be unexcused.

If a student is determined to have head lice by school personnel, he/she will be excluded from school until adequate medical treatment has been administered.

The school shall do everything reasonable to treat this problem with discretion and utmost care for confidentiality as well as respect for the individual child.

The following procedure will be observed by each school:

Each school shall send a letter home to parents during September of each year to describe treatment for lice and detail the county policy should a child be infected. During the school year, students will be reminded of precautionary measures to take to prevent the spread of head lice. Additionally, parents shall be notified of infestation in a classroom via a general letter during the school year, to remind them of the procedures for inspection and treatment.

Upon discovery of head lice in addition to immediately excluding the child from school, the school shall notify the school nurse within 24 hours either by telephone or by letter of the child's name, grade, school teacher's name, and the date the infestation was discovered. Additionally, should the school nurse discover an infestation based on a

result of an inspection requested by a parent or a teacher, the nurse shall notify the principal of the infestation within 24 hours, who will then notify the classroom teacher.

3. The child so affected may be allowed to return to school following treatment; however, upon returning to school, the child is to first report to the principal's office with documentation of treatment (see below). Prior to being allowed to return to the classroom, the child shall be examined by the school nurse, the principal or the principal's designee. A student may return to the classroom provided that no live lice are found upon inspection. If more than 5 nits are found within 1 cm of the scalp, it is possible that reinfestation with lice will occur within 10 to 14 days. Therefore, any student found to have nits shall be inspected at school every 2-3 days at school until there are no nits found. Additionally, the school nurse or designee shall follow up with an additional examination within the three weeks following treatment. Should nits be discovered upon the return to school or in the three week interim after treatment, parents will be notified of the need for their removal and the student will be excluded from school until adequate medical treatment has been administered. Such absences will be considered unexcused
4. If seen by a physician for the treatment, a written statement from the physician stating the individual was examined, treatment was prescribed and a written statement from the parent/guardian that the medicated shampoo was applied, shall be provided to the school upon the child's return.
5. If treated with a medically acceptable non-prescription pediculosis shampoo, a written statement from the parent/guardian that treatment was applied shall be provided to the school upon the child's return.
6. The principal, school nurse, or designee may also request the label or packaging from the treatment product. No product containers should be sent to school.
7. Parents should make every effort to remove lice eggs or nits from the child's hair to prevent the possibility of re-infestation. Additionally, it is important that the parent act quickly to keep the child from being excluded from school for longer than is absolutely necessary.
8. Upon school personnel discovering a case of head lice, the child's school age siblings shall also be inspected. If siblings are attending another school, the school nurse shall coordinate the inspection. Students in the affected child's classroom will also be inspected. Additional inspections will be at the discretion of the principal and school nurse.
9. Should re-infestation occur and the school excludes a child more than three times for head lice within a school year, the school principal shall require a conference with the parent/guardian and the school nurse to discuss reasons why the problem has persisted and to provide the family with additional information on eradicating the problem from the home. A home visit may substitute for a conference at the school site.
10. Parents of children whose absences become excessive due to lice infestation are reminded

that regular school attendance is most important. Where it is suspected that neglect is the reason for the repeated re-infestation, the school shall contact the Department of Health and Human Services to assist the family in dealing with the problem as is required by law. An additional word of caution: excessive absences may be treated as truancy. The treatment of head lice should require only 1-2 days of absence.

11. The principal or his designee shall maintain a written record of each case of head lice discovered including the date on which the infestation was found, the child's name, the teacher's name, and grade, and a copy of the written notification to parents. Records should also include dates of follow-up inspections^

SOURCES FOR THIS POLICY INCLUDE:

West Virginia Council of School Nurses, 'Recommendations for public school lice policy/procedure', December 2006.

Frankowski, B.L., & Weiner, L.B. (2002). Head Lice. *Pediatrics*. 110(3)638-43. Retrieved on March 16, 2006 from <http://pediatrics.aappublications.Org/cgi/reprint/110/3/638>.

Centers for Disease Control and Prevention. (August 2005). Head Lice Infestation Fact Sheet. Retrieved on May 2007 from www.cdc.gov/ncidod/dpd/parasites/lice/factsheet_head_lice.htm

Adopted by Board Action: June 26, 2007

Amended by Board Action: October 1, 2013.