

PEDICULOSIS CAPITIS (HEAD LICE)

Schools are to take the following steps to educate families and deter outbreaks:

1. Up-to-date information, developed by health authorities on head lice and treatment, is to be included in enrollment and beginning-of-year packets for all students.
2. Staff will also be provided educational materials.
3. All preschool, elementary, and middle school students should be examined for head lice during routine health and vision screenings.

Schools are to take the following steps upon discovery of a case of head lice:

1. If a student is suspected to have lice and/or nits, the child should be recommended to see the school nurse.
2. If the student is found to have lice by the school nurse, the parent/guardian or emergency designee will be notified and encouraged to pick student up.
 - a. At the time of dismissal, the nurse will
 - i. Notify the teacher that student has been dismissed
 - ii. Review treatment options with the parent/guardian or emergency designee, inform them of the head lice policy, and provide them with educational material.
 1. They will also be informed that they, or a designated adult, must bring the child to the school nurse for a re-screening before a return to the classroom.
 2. If lice or nits within ¼" from the scalp are seen, the child will be sent home for further care.
3. Children in classrooms where multiple cases have been determined will be checked by the school nurse.
4. A child will be allowed two days of excused absence to treat their case of head lice. After such time, absence will be considered unexcused.
5. Any child who returns to school after having an active case of head lice shall have a follow-up with the school nurse in 10-15 days.

Head lice are a common problem in schools. Parents have responsibility for assisting in the prevention and management of head lice. It is the responsibility of the Parent/Guardian to notify parents of close contacts about the discovery of head lice. (i.e.: sleepovers, team sports). The school nurse is encouraged to work collaboratively with the family of an infected child to the benefit of everyone in the district.

Adoption Date: March 14, 2007
Revision Date: August 17, 2016
Last Date Reviewed: August 17, 2016