# TVUUSD HEAD LICE PROCEDURE

Current evidence-based practice does not support exclusion of students for head lice, nor the efficacy and cost-effectiveness of classroom or school-wide screening for decreasing the incidence of head lice among school children (National Association of School Nurses [NASN], 2020; Centers for Disease Control and Prevention [CDC], 2015; Devore et al., 2015). School administrators and school nurses are encouraged to help educate parents and staff about the diagnosis, treatment, and prevention of head lice (NASN, 2020).

"No-nits" policies that require a child to be free of nits before they can return to school are also not recommended (NASN, 2020; Devore et al., 2015; CDC, 2015). Students diagnosed with live head lice should not be sent home early from school. Such students may go home at the end of the school day in the manner they are accustomed to and should be permitted to return to school after appropriate treatment is started. Head lice can be a nuisance, but they have not been shown to spread disease (CDC, 2015). Exclusion from class or school is generally not warranted.

In accordance with recommendations of the CDC, the NASN, and the American Academy of Pediatrics (AAP), the following procedure shall be used to respond to the presence of head lice in the school setting.

## PROCEDURE

### CONFIDENTIALITY

- Head lice shall be treated as a medical issue deserving the same level of confidentiality as any other medical concern.

### EDUCATE

- Educate school staff regarding head lice causes, treatment and common misconceptions.
- Educate students and their families about how to prevent lice and what to do if a family member has lice.
- Head lice information is available from the school nurse upon request.

### IF SUSPECTED

- School nurse or trained designee will check a student's head for lice if he/she is demonstrating symptoms being sure to provide the student privacy.

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

- Students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to school following appropriate treatment (CDC, 2015; NASN, 2020; Devore et al., 2015)

- The parent/guardian or the designated emergency contact person will be notified. The student shall be allowed to return to the classroom for the remainder of the day if practical to do so. If unable to contact parent/guardian a note will be sent home with the student at the end of the school day stating that prompt, proper treatment of this condition is in the best interest of the student and his or her classmates.

- While there is no medical reason to remove a student 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.

- Students diagnosed with live head lice should be discouraged from close direct head contact with others; however they should not be removed from the classroom (Devore et al., 2015).

- Students with nits-only that are found ¼ inch from the scalp typically suggest an old infestation and should not be sent home from school (CDC, 2015).

- Encourage the parent/guardian to consult with the student's healthcare provider to discuss and determine the best treatment option.

- Any household member who is a student in the school setting should be examined for head lice if lice or nits are found on a family member who attends school. Remaining family member(s) should be examined at home. Only those with evidence of an active infestation should be treated (CDC, 2015; Devore et al., 2015).

- Encourage parents/guardians to notify the school and other close personal contacts when head lice have been identified at home.

- The school nurse will determine the appropriate course of action for each presentation of head lice on a case-by-case basis.

- Re-admittance to the classroom the next day if no treatment or insufficient treatment has been given is a school based decision determined collaboratively by the school nurse and school administrator.

- School nurses may assist parents/guardians in determining choice of treatment. Students may be re-inspected by the school nurse or designee, upon return to school. Re-inspection or the absence of live lice or nits is not required for readmission to school. The goal shall be to assist the family in breaking the cycle of reinfestation while encouraging school attendance and supporting the student's emotional health.

- A student should not miss more than one day of school following head lice detection. Truancy laws will apply to students missing excessive amounts of school due to head lice infestations.

- Parent conferences may be appropriate when a student is frequently absent due to head lice infestations. Referrals to community agencies may be appropriate.

- Collaborate with the Public Health Department or other resources in planning assistance to families who have chronic infestation.

## LIMITING OUTBREAKS

- The Twin Valley Unified Union 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.

- Notification letters may be sent home to alert parents/guardians only if a high percentage of students in a classroom are infested with lice.

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## REFERENCES


Centers for Disease Control and Prevention. (2015). *Head lice information for schools.* https://www.cdc.gov/parasites/lice/head/schools.html

National Association of School Nurses.(2020). *Position statement: Head lice management in schools*. https://www.nasn.org/nasn-resources/professional-practice-documents/position-statements/ps-head-lice

Devore, C., Schutze, G., & The American Academy of Pediatrics' Council on School Health and Committee on Infectious Diseases. (2015). Head lice. *Pediatrics, 135*(5), e1355-e1365. https://doi.org/10.1542/peds.2015-0746