

Students

HEAD LICE

The Governing Board believes that the district's head lice management program should emphasize the correct diagnosis and treatment of head lice in order to minimize disruption of the education process and to reduce the number of student absences resulting from infestation. In consultation with the school nurse, the Superintendent or designee may establish a routine screening program to help prevent the spread of head lice.

School employees shall report all suspected cases of head lice to the school nurse or designee as soon as possible. The nurse or designee shall examine the student and other students who are siblings of the affected student or members of the same household.

If a student is found with active, adult head lice, he/she shall be excluded from attendance. The parent/guardian of an excluded student shall receive information about recommended treatment procedures and sources of further information. The student shall be allowed to return to school the next day and shall be checked by the nurse or designee before returning to class.

(cf. 5141.3 - Health Examinations)

(cf. 5141.6 - Student Health and Social Services)

The Superintendent or designee shall send home the notification required by law for excluded students. (Education Code 48213)

(cf. 5112.2 - Exclusions from Attendance)

(cf. 5145.6 - Parental Notifications)

The principal and school nurse shall work with the parents/guardians of any student who has been deemed to be a chronic head lice case in order to help minimize the student's absences from school.

(cf. 5113 - Absences and Excuses)

(cf. 5113.1 - Truancy)

When three or more students in any class have been identified as having a head lice infestation, all students in the class may be examined. In consultation with the school nurse, the principal may also send information about head lice home to all parents/guardians of the students in that class.

(cf. 5125 - Student Records)

Staff shall maintain the privacy of students identified as having head lice and excluded from attendance.

(cf. 4119.23/4219.23/4319.23 - Unauthorized Release of Confidential/Privileged Information)

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HEAD LICE (continued)

Legal Reference:

EDUCATION CODE

48210-48216 Persons excluded

49451 Physical examinations: parent's refusal to consent

Management Resources:

AMERICAN ACADEMY OF PEDIATRICS

Lice, Nits, and School Policy, Official Journal of the American Academy of Pediatrics, May 2001

CALIFORNIA DEPARTMENT OF HEALTH SERVICES

Guidelines for Parents on Control of Head Lice, 2006

CALIFORNIA SCHOOL NURSES ORGANIZATION

Position Statement: Pediculosis Management, 2005

WEB SITES

California Department of Health Services, Infectious Diseases Branch:

<http://www.dhs.ca.gov/ps/dcdc/disb/disbindex.htm>

California School Nurses Organization: <http://www.scno.org>

Centers for Disease Control and Prevention, Parasitic Disease Information, Head Lice:

<http://www.cdc.gov/ncidod/dpd/parasites/lice>

Policy

adopted: February 23, 1999

Revised: March 25, 2003

Revised: January 27, 2004

Revised: October 28, 2008

VISALIA UNIFIED SCHOOL DISTRICT

Visalia, California

Students

HEAD LICE

Pediculosis

Definition Pediculosis: Louse Infestation of Scalp and Facial Hair

Symptoms: Head Lice produce itching of the scalp, some excoriated areas of the scalp. Eggs, called “nits” are attached to hairs as small, pearly gray capsules that adhere stubbornly to hair shafts. If nits are more than 1/2 inch from the scalp, they are not alive. Lice do not fly, jump or carry disease. Lice require a warm scalp to stay alive. Adult lifespan is 20 – 30 days. Both male and female lice are needed to produce eggs.

Transmission: Only fully grown adult lice have the ability to crawl onto another human being through direct head to head contact. Indirect contact through hats and brushes is a rare method of transmission.

Recent studies by the Center for Disease Control found that when screenings in school settings were done for lice infestations, teachers, nurses and physicians found that five percent of students had signs of lice infestation, but when screened further only thirty percent of those five percent actually suffered from an active lice infestation. False positive results in screenings are very common. Many children with non-viable nits and old non-active cases of lice are being sent home from school and missing important educational time.

Recommendations: The American Academy of Pediatrics, National Center for Disease Control and the National Association of School Nurses all recommend that schools do not implement policies where all children with any lice eggs will be excluded from school. Each organization has published statements recommending schools do the following:

1. Train school personnel to correctly detect active vs non-active lice cases
2. Recommend Permethrin 1 percent treatment for active head lice cases
3. Implement Parent Education Programs, instead of classroom screenings
4. Manually removing all eggs after proper treatment is not necessary to prevent spread of lice, only recommended to avoid misdiagnosis of active cases.

The following Visalia Unified School District Standardized Protocol for Pediculosis will reflect these national recommendations.

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HEAD LICE (continued)

Visalia Unified School District Standardized Protocol for Pediculosis

Identification

When a child presents symptoms of positive active lice infestation such as itching scalp, observed live lice or nits.

School personnel trained who have been trained by the Credential School nurse will screen the student.

Privacy will be maintained. Student will be positioned for adequate lighting.

Using PediSticks, hair shafts will be separated and scalp and hair will be examined in a systematic fashion, checking the entire scalp.

Referral and Instructions

If live lice and /or nits within ½ inch of the scalp are noted, contact parent and recommend treatment for an active infestation of lice. Refer to child's physician if parent requests. Also check siblings of the student enrolled in the school.

Parent must confirm proper treatment with Permethrin 1 percent using product instructions correctly. Alternative treatments such as RobiComb, must be cleared by the school nurse. School personnel should recommend parent remove all nits and treat with Permethrin 1 percent a second time in 10 days to insure all nits are destroyed. Credential school nurse may provide Permethrin 1 percent with instruction through VUSD Nursing Protocol. Lice care instruction sheets should be given to the parent of the infested student.

Information sheets "About Lice" should be given to parents of classmates.

Returning to School

Students may return to school when parent has confirmed proper treatment of lice as noted above and no live lice are noted. Parent should make an effort to remove all nits, but student may return to school if nits found are more than ½ inch away from the scalp and are not alive. If school personnel have questions as to if lice infestation is active or not, they should contact their credential school nurse.

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HEAD LICE (continued)

Classroom Screenings and Parent Information

Class screenings for lice are not recommended, except for when two or more children in a classroom are found to have active lice infestations. Information sheets “About Lice” should be given to parents of classmates if there are concerns. Classroom screenings will continue to occur before students leave to SCICON.