Pediculosis

The school nurse shall work with the school medical advisor to develop and implement regulations concerning pediculosis or head lice. The regulations are to include identification, treatment procedures and notification process that will insure prompt and medically accurate action for students having pediculosis.

Identification

If a teacher or other school employee views the following symptoms, the student is to be referred to the school nurse for a pediculosis screening.

A. Excessive scratching of the scalp.

B. Observation of nits (ivory colored eggs approximately 1/32 inch in length) or lice in hair.

Procedures Regarding Individual Students

1. If live lice or nits are observed during the screening the student is to be presumed to have pediculosis. The school nurse will notify the parent/guardian of the screening findings and arrange for the student to be dismissed from school. The nurse will provide the parent/guardian education and precautions to prevent spreading.

2. The nurse will screen any students who are siblings of the student with infestation.

3. The parent/guardian of the student will be notified of the head lice infestation and that the student must start treatment before re-entry into the classroom the following day. Informational material will be sent home with the student upon dismissal to the parent/guardian. Identified students may return to school immediately following the start of treatment which includes the application of head louse shampoo. The parent will be required to sign a statement attesting to the administration of appropriate treatment. It is the parent's/guardian's responsibility to treat the student with infestation at home and to accompany the student to school the next day. The student will be re-inspected by the school nurse prior to re-entry in to the classroom.

4.Identified students are to be rescreened seven to ten days after readmittance to school.

5. If there are nits which are not close to the scalp in the student's hair and there is question as to whether there is a currently active infestation, implementation of the above-stated procedure will be strongly recommended to the parents. This is to be done in the best interest of the student and the school community.

6. To ensure confidentiality, the names of the students who have pediculosis will not be shared with other parents/guardians and will be shared with only those staff members who the Principal (or school nurse) deems to have a reason to know.

7. If a student's pediculosis problem does not appear to be eliminated by the standard medical treatment, the school medical advisor will collaborate with the school Principal and school nurse to determine further treatment recommendations. The school nurse may at his/her discretion exclude a student with repeated infestation or live lice or viable nits.

Pediculosis Prevention

1. Educate staff, parent/guardians and students on ways to prevent head lice.
2. Avoid stacking/piling or hanging coats on top of each other.
3. Encourage students to keep hats and scarves in their coat sleeves.
4. Remind students not to share combs, brushes, scrunchies, barrettes, hats and scarfs.
5. Avoid sharing earphones and helmets.
6. Watch for signs such as frequent head scratching.
7. Encourage families to inform any of their children's contacts regarding exposure such as friends, overnight guests, relatives, and sports teams (especially those teams that share hats or helmets).
8. Families who require repeated treatment should consult with their family physician.

OTHER INFORMATION:

Talk to your child's pediatrician, family physician or pharmacist for a recommended product to treat a person with an infestation. It is very important to follow treatment instructions carefully.

All household members and other close contacts should be checked and if found to have an infestation infested should receive treatment at the same time.

Current evidence does not support the efficacy and cost effectiveness of classroom or school wide screening for decreasing the incidence of head lice among school children.

Parents should make inspection of their child(ren)'s hair a part of their weekly routine.

It is the position of Botelle Elementary School to protect and maintain the confidentiality and educational process of each student. Both the American Association of Pediatrics, and the National Association of School Nurses advocate that "no-nit" policies should be discontinued. "No-nit" policies that require a child to be free of nits before they can return to schools should be discontinued for the following reasons:

Many nits are more than ¼ inch from the scalp. Such nits are usually not viable and very unlikely to hatch to become crawling lice, or may in fact be empty shells, also known as casings.

Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.

The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice.

Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel. (http://www.cdc.gov/parasites/lice/head/schools.html)

Revised December 6, 2022
Board Adopted: January 3, 2023