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Jan 18

R 5320.6 PEDICULOSIS

Research supports it is unlikely that all pediculosis cases in the school setting can be prevented. Parents/caregivers will benefit from receiving support from the school nurse about the importance of regular surveillance at home, choosing and adhering to the protocols of evidence-based treatment recommendations, and educating to dispel head lice myths. The school district and school nurse implement practices based on CDC and American Academy of Pediatrics research and guidelines. The burden of unnecessary absenteeism to the students, families, and communities far outweighs the perceived risks associated with head lice.

Detection and Prevention

- A. Communication with parents/guardians shall be established
 - 1. The District Pediculosis Information sheet is located in the FTS School Handbook. District Policy is available on the District Web page.
 - 2. The District Pediculosis Brochure will be available to parents/guardians in the health office. Pediculosis tip sheets may be included in communication forms such as PTO Newsletters
 - 3. Educate parents upon notification their child has a positive case of pediculosis
- B. Use of common head gear in school, such as hats, wigs or hair ornaments should be avoided
- C. Student noted to be itching scalp or reporting itching hair, neck or scalp will be sent to nurse for evaluation of pediculosis
- D. Positive cases over 10% in grade level shall be reported to school physician, administration, and local health department

Procedure

- A. Student's head's will be checked in good light. Confidentiality maintained to best of staff ability.



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1. Nurse will wear gloves when checking heads.
 2. A single applicator stick is used for each student and disposed in plastic bag.
- B. If live louse /lice is found the nurse will
1. Notify parent/guardian. If near end of day, at nurse's discretion child may or may not remain in school. Siblings will be checked by the nurse. If siblings are in other district schools, that nurse will be notified to do a confidential head check.
 2. At nurse's discretion a grade level letter may be sent home, while maintaining student anonymity.
 3. Parent will be given district pediculosis brochure or other reputable information (such as CDC, AAP, or NASN publications) on lice facts, treatments, preventive measures, etc.
 4. Child may return to school upon completed treatment and removal of nits. Child will report to nurse upon return for healthy head check. If live lice are noted, the building administrator will be consulted for having child taken home for removal of lice/nits. RN has discretion in consult with building administrator to exclude child based on quantity of nits found.
 5. After treatment in the home, RN may ask parent for type of treatment used, or empty product container, whether prescription or over-the-counter.
 6. The student's head should be rechecked per the District Nurses' Procedure Book

General Considerations

- A. Reassurance of the child, parents and staff – pediculosis is not a life threatening, nor generally considered disease causing.
- B. If child is found to have live lice during school day, they have already made contact with other students. If parent/guardian cannot be reached, by



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best-practice, it is considered not to be catastrophic if the child remains in school a few more hours.

- C. Parent and students should be educated at every opportunity, such as Kindergarten Welcome Day, PTO Newsletter, building nurse district web page, etc.
- D. Staff Education
1. Although head to head contact is most likely the mode of transmission of lice, staff are discouraged from students using shared head gear
 2. Wash hands immediately after contact with any student's head and avoid head to head contact with others
 3. Remind staff pediculosis is not limited to any particular social or economic group
 4. Staff will maintain in confidence knowledge of student screened for pediculosis. If parent informs staff a child was treated for head lice, teacher will privately notify school nurse.
- E. Any concerns should be discussed with the building nurse, building administrator, Assistant Superintendent and/or school physician.
- F. If parent/guardian is resistant to guidelines or fail to return child to school in reasonable time (1-2 school days), notify the building principal
- G. Continued case of pediculosis in same student may constitute consult with local health department, if neglect is suspected it may be reported to child protective services.
- H. District procedure subject to change with evolving research from reputable sources, namely CDC, AAP and NASN.

(Second Reading February 13, 2018)

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