

**Billings School District 2**

**STUDENTS**

Communicable Diseases

Head Lice Guidelines – A Child Friendly Team Approach

Goal: To provide students a health environment that encourages learning and school attendance.

1. When a student is reported with head lice, the school will notify the school nurse to allow for rearrangement of his/her schedule for timely follow-up in a day or so.
  - Rationale: Head lice are not a serious medical condition. Immediate action, driving irrational fears and overreactions, is unnecessary. Adult attitudes can be a “problem” with head lice. Head lice are mostly a problem of annoyance. Infested children may experience itching, lose sleep, have a shortened attention span, or be depressed.
2. Students with live head lice will be excluded from class when lice are identified. Parents will be notified, instructed in treatment of head lice and asked to pick up their child as soon as possible. Students with nits and no evidence of live head lice will not be excluded from school. (Head Lice Policy for NYC Public Schools; 9/07)
  - Rationale: Many nits are more than ¼ inch from the scalp. Such nits are usually not viable and very unlikely to hatch and become crawling lice, or may in fact be empty shells, also known as casings. Nits are cemented to hair shafts and 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. (CDC Head Lice Information for Schools; 11/10)
3. If the parents cannot be reached, the student(s) will be allowed to stay in the classroom. A letter informing parent(s) of head lice and treatment expectations will be sent home.
  - Rationale: Research data does not support immediate exclusion upon the identification of the presence of live lice or nits as an effective means of controlling pediculosis transmission. By the time a child with an active head lice infestation has been identified, he or she may have had the infestation for one month or more and, therefore, poses little additional risk of transmission to others. (NASN-Pediculosis Management in the School Setting; 01/11)

4. The principal, as in all other matters of the school, should be involved and supportive of nursing efforts to control head lice in the school population. Teachers will support and actively participate in head lice prevention in their classrooms in collaboration with the School Nurse.
- Rationale: The School Nurse is the key health professional to provide education and anticipatory guidance to the school community regarding best practice guidance in the management of pediculosis. The School nurse's goals are to facilitate an accurate assessment of the problem, prevent overexposure to potentially hazardous chemicals, and minimize school absence. (NASN-Pediculosis Management in the School Setting; 01/11)

Implementing Policy 3417 Communicable Diseases

Cross References: Policy 6430 Development of Administrative Procedures  
Procedure 3417-P1 AIDS/HIV Procedure

Legal References:

Procedure History:

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