

Lake Dallas Health Services

Lice Prevention, Control, and Treatment Protocol

Based on recommendations from the American Academy of Pediatrics (AAP), 2015, and the National Association of School Nurses (NASN), 2016, LDISD has updated its *Lice Prevention, Control, and Treatment Protocol* to reflect the most current guidelines in the control of lice.

- Head lice are common for children ages 3-12.
- Head lice are not a health hazard and are not responsible for the spread of any disease.
- Head lice are the cause of much embarrassment, misunderstanding, and many unnecessary days lost from work and school.

The goal of lice prevention, control, and treatment in schools is to prevent the spread of lice from one student to another student. Lice control takes teamwork among home, school, after-school programs, and events in private or public locations, including student visits in each other's homes.

Initial Identification of Infestation

Cases of lice should be confirmed by the RN.

Live Lice

- All students identified with live lice will be sent home **at the end of the school day** after contacting parent/guardian. Parents/Guardians will be advised to treat their child for head lice. After treatment has been completed, the student can return to school. The school nurse will recheck the student and communicate effectiveness with parent/guardian.
- Educational materials about treatment and prevention should be shared with and explained to the parent/guardian.
- Senate Bill 1566 requires elementary schools in Texas to notify parents of a classroom occurrence of lice. The school will provide written or electronic communication within the time frames prescribed in the law. Based on the AAP (2015) information, alert letters will not be sent home in the secondary schools except as deemed necessary in the case of a high percentage of infestation.

Nits

- A student identified with nits only will have their parent/guardian contacted to see if treatment has taken place. The student can remain in school (AAP 2015). Educational material about nit removal and prevention and treatment of lice should be provided to parent/guardian.

Requirements for Readmission to School

- Once the student has been treated, he/she may be readmitted to school.
- The nurse or clinic assistant will check the student upon returning to school.
- The nurse will assess the adequacy of treatment and counsel the family as needed. The student may remain in school unless otherwise recommended by the health team.

Treatment Failures and Frequent Re-infestations

- If live lice are found following treatments, the RN will investigate and make further recommendations to the family.

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Classroom Control Measures

- All teachers will be provided with the “Checklist for Classroom Lice Control” below.
- Teachers are expected to follow the guidelines to prevent the spread of lice.
- At all times, schools are encouraged to discontinue fabric-covered items: pillow, fabric covered furniture, stuffed toys and blankets used by more than one child. Individual large plastic garbage bags for each student may be used to store coats, hats and scarves. Teachers, assistants, and monitors should not allow piling of coats.

Responsibilities

Health Services

- Screening will be done on an individual basis for students reporting or demonstrating symptoms (lice visible in hair, scratching scalp). 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.
- The RN will provide health teaching to students, staff, and parents regarding prevention, detection and treatment of lice as needed.
- The RN has educational materials about lice available in the clinic and on the website for student, staff and parents. The RN may also choose to share educational information via newsletter, website, or social media.
- Any communication and/or correspondence to the parent or guardian regarding the presence of lice, nits and treatment will be initiated by the RN.

Teaching Staff

- Survey the classroom environment regularly for students displaying signs of lice or items in the classroom that could be contributing to the spread of lice.
- Implement the “Checklist for Classroom Lice Control” below and make appropriate changes.
- Send student to the clinic for inspection if lice are visible in the hair or the student is scratching scalp. **Know that the children will not be sent home until the end of the day.** Students will not be isolated from other students. Parents will be notified and the child will return to class.

Parents/Guardians

- Parents/Guardians need to make lice screening a part of their family routine. Parents should check their children’s heads at least weekly.
- Parents/Guardians should follow the recommendations and/or treatment guidelines from the Center for Disease Control (CDC).

Checklist for Classroom Lice Control

- Play items (hats, wigs, dress up clothes, etc.) cleaned after each child’s use.
- Sweaters, backpacks, and coats hung separately on hooks and not touching.
- Children’s personal items (combs, brushes, hats, scarves, sweaters, coats, etc.) are not shared.
- No sharing of cloth or upholstered pillow, mats, stuffed toys, etc.

Resources:

American Academy of Pediatrics, 2015

<https://www.cdc.gov/parasites/lice/head/schools.html>

<https://www.dshs.texas.gov/schoolhealth/lice.shtm>

National Association of School Nurses, Position Statement, revised 2016