

STUDENTS WITH HEAD LICE

In accordance with School Board Policy JLCC, Communicable Diseases, the following Health Room regulation will apply to the discovery and treatment of head lice.

Explanation

The American Academy of Pediatrics and the National Association of School Nurses recommend that no health child should be excluded from school because of the discovery of head lice. A child with head lice poses little risk to others and should remain in class but be discouraged from close head to head contact with others. Head lice are most common in children three to twelve years of age and the most common cause of transmission is direct head to head contact (sharing hats, hair bands, combs, etc.). Lice cannot hop or fly; they crawl. Mass head lice screenings in schools do not have a significant effect on the incidence of head lice, and prove to be time consuming and are often upsetting and embarrassing to students and parents. Correct diagnosis and treatment and education may be more effective.

Procedure

The School Nurse or Health Office Aide should be informed immediately of a known or suspected case. The child will be examined by the School Nurse or trained Health Aide to confirm the presence of live lice or nits (eggs). If the presence of lice is identified the student will remain in school and the parents will be notified of the suspected infestation.

Parents will be provided information on the biology of head lice and instructed on treatment and environmental control measures.

Siblings and playmates may also be checked by the School Nurse or Health Aide if they have been in close head to head contact with the infected student.

The infected student will be checked by the School Nurse or Health Aide in ten days after treatment to verify no live lice remain. If nits remain in the hair after ten days the student will be checked periodically thereafter until evidence is gone.

Measures will be taken at all times to maintain confidentiality assuring that those students with head lice are not identified to other students or made to feel embarrassed regarding their condition.

Adopted November 20, 2001
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