

# Coldspring-Oakhurst CISD

## Administrative Guidelines for Head Lice Management

**Effective Date:** Tuesday, September 23, 2025

**Review Cycle:** Annually

**Legal Compliance:** Updated to align with Texas Senate Bill 1566, SB12, and current CDC & DSHS guidance

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### 1. Purpose

To provide a consistent, safe, and legally compliant approach to the **identification, notice, management, and prevention** of head lice in Coldspring-Oakhurst CISD. These guidelines follow current Texas law, Texas Department of State Health Services (DSHS), and Centers for Disease Control and Prevention (CDC) recommendations while prioritizing student education continuity.

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### 2. Legal Framework & Definitions

**Head Lice** (*Pediculus humanus capitis*) are parasitic insects found on the scalp that spread primarily through direct head-to-head contact. They do not transmit disease and are not considered a public health threat.

#### Key Legal Points:

- No Texas statute requires excluding children with head lice from school.
- Texas DSHS does not mandate exclusion policies for head lice.
- Senate Bill 1566 establishes specific parent notification requirements.
- Head lice management is a local district decision focused on educational continuity.
- Head checks will be conducted with parent/guardian consent per SB 12.

<https://www.cocisd.org/families/sb-12-parental-consent>

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### 3. Identification & Initial Response

#### Screening Procedures

- Students suspected of having head lice will be discreetly referred to the school nurse or trained designee.
- Visual inspection will focus on identifying live lice (not just nits/eggs).
- Close contacts may be screened at the nurse's discretion, guided by written standards that include:
  - Criteria for determining when close contacts should be screened.
  - Frequency of follow-up screenings based on the severity of findings.
- All screenings will be conducted with privacy and dignity.

#### Immediate Actions

- Students will not be automatically excluded from school.
- If lice are discovered, the nurse or designee will follow CDC guidelines for head lice in schools.  
[https://www.dshs.texas.gov/sites/default/files/IDCU/health/schools\\_childcare/Communicable-Disease-Chart-03042024.pdf](https://www.dshs.texas.gov/sites/default/files/IDCU/health/schools_childcare/Communicable-Disease-Chart-03042024.pdf)

- Parents/guardians of the student and parents/guardians of classmates will be notified per SB 1566.
  - A student with live lice will be given one day for an excused absence for treatment and the option for early pick up
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## 4. Parent Notification Requirements (Texas Senate Bill 1566)

### Affected Student's Parent/Guardian

- **Timeline:** Written or electronic notification must occur as soon as practicable, but no later than **48 hours** after the first determination of head lice presence.
- **Required Information (to the parent/guardian):**
  - Confirmation of head lice identification.
  - CDC-recommended treatment procedures.
  - Environmental cleaning guidance.
  - School reentry criteria.
  - Available resources and support.

### Classroom Parents

- **Timeline:** Written notification must be provided **as soon as possible, but no later than five (5) school days** after determination per SB 1566.
- **Required Information:**
  - General notification of head lice presence in the classroom (without identifying the affected student).
  - CDC prevention recommendations.
  - Signs/symptoms to monitor.
  - Treatment guidance if lice are discovered at home.

### Additional Requirement

- Referral to community resources shall be provided as needed.
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## 5. School Attendance & Reentry

### Attendance Policy

- No automatic exclusion – students may remain in school during treatment.
- Educational continuity is prioritized consistent with DSHS guidance.
- Students with only nits (eggs) may continue regular attendance without restriction.

### Reentry After Treatment

- Students who receive treatment at home must be cleared by the school nurse or trained designee before returning to regular classroom activities.
- **Reentry criteria:**
  - No live lice detected during nurse or trained designee inspection.
  - Evidence that treatment has been initiated.
  - Student is educationally ready to participate.

## Monitoring

- Guidelines will establish periodic rechecking at the nurse's discretion.
  - More frequent inspections may occur in cases of persistent infestation.
  - Ongoing presence of nits alone does not require exclusion.
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## 6. Treatment Support & Resources

### District Limitations

The district cannot provide medicated lice shampoo due to:

- Medical liability concerns.
- Texas pharmacy and medical device regulations.
- Need for individualized medical assessment.

### Available Support

- Non-medicated lice combs (when available).
- Educational materials and treatment guidance.
- Referrals to community health resources.
- Connection with school social workers for barrier identification.

### Community Referrals

- Local health departments.
  - Community health centers.
  - Charitable organizations providing treatment supplies.
  - Healthcare provider recommendations.
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## 7. Ongoing Management for Persistent Cases

### Progressive Intervention Steps

- **Step 1: Enhanced Support**
  - Additional parent communication and education.
  - Barrier assessment (transportation, financial, language, etc.).
  - Community resource referrals.
  - Follow-up nurse consultations.
- **Step 2: Collaborative Problem-Solving**
  - Parent conference with nurse and/or administrator.
  - Individualized support plan development.
  - Social services consultation if appropriate.
  - Extended treatment timeline if necessary.
- **Step 3: Educational Accommodation**
  - Consideration of **temporary alternative educational arrangements** if classroom disruption occurs.
  - Continued learning support during treatment.
  - Regular progress monitoring.

- **Step 4: Legal Consultation (Rare Cases)**
    - Only when all support measures have been exhausted AND educational impact is severe.
    - Consultation with district legal counsel.
    - Review of potential medical neglect indicators per Texas Family Code §261.101.
    - Documentation of all intervention attempts.
    - CPS referrals will be extremely rare and only considered when clear evidence of neglect exists.
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## 8. Environmental & Preventive Measures

### Classroom Management

- Routine cleaning and vacuuming (special pesticide treatment not required).
- Encourage students not to share personal items (hats, brushes, hair accessories).
- Brief, age-appropriate education about head lice facts and prevention.

### School-Wide Approach

- Annual staff training on identification and procedures.
  - Integration of head lice facts into health education curriculum.
  - Maintenance and housekeeping staff shall follow **enhanced cleaning and vacuuming protocols** in the event of an identified outbreak.
  - Routine mass screenings are discouraged unless directed by health officials.
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## 9. Confidentiality & Privacy Protection

### FERPA Compliance

- All head lice information is considered confidential educational record information.
- Only staff with legitimate educational need may access information.
- No public identification of affected students.
- Secure storage and limited sharing of health records.

### Communication Standards

- Individual notifications remain confidential.
  - Classroom notifications protect student identity.
  - Staff are expected to exercise professional discretion in all communications.
  - Staff training will reinforce privacy requirements.
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## 10. Staff Training & Responsibilities

### Required Training

- Annual head lice identification training for clinic staff and administrators.
- Nurse(s) to remain up to date on evidence-based practice for lice at school
- FERPA privacy requirements.
- HIPAA privacy requirements

- District procedure compliance.
- Community resource awareness

## Role Definitions

- **School Nurses:** Primary identification, parent communication, reentry decisions.
  - **Administrators:** Support for nurse decisions, parent conferences, policy enforcement.
  - **Teachers:** Discreet referrals, privacy protection, normal classroom management.
  - **Support Staff:** Awareness of procedures, referral protocols, enhanced cleaning responsibilities during outbreaks.
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## 11. Record Keeping & Documentation

### Required Records

- Date of identification and notification.
- Parent communication logs.
- Treatment verification.
- Reentry clearance documentation.
- Intervention efforts for persistent cases.

### Retention Policy

- Health records maintained per district student record policy.
  - Confidential storage in the health office.
  - Limited access per FERPA requirements.
  - Limited access per HIPAA requirements
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## 12. Legal References & Resources

### Texas Legal Authority

- Texas Senate Bill 1566 (85th Legislature) – Parent notification requirements.
- Texas Family Code §261.101 – Child abuse and neglect reporting.
- Family Educational Rights and Privacy Act (FERPA) – Student privacy.
- HIPAA & SB 12 Guidelines

### Health Guidelines

- Texas Department of State Health Services – *Managing Head Lice in School Settings*.
  - Centers for Disease Control and Prevention – *Head Lice Information for Schools*.
  - American Academy of Pediatrics – Clinical guidelines.
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## 13. District Contacts

### Primary Contact

Erika Hukill, RN, MSN  
Director of Health Services  
Phone: (936) 653-1185  
Email: [ehukill@cocisd.org](mailto:ehukill@cocisd.org)

### Secondary Contact

Dr. Elizabeth Klammer, Ed.D.  
Assistant Superintendent of Curriculum & Instruction  
Phone: (936) 653-1101  
Email: [eklammer@cocisd.org](mailto:eklammer@cocisd.org)

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## 14. Annual Review & Updates

These guidelines will be reviewed annually to ensure:

- Continued legal compliance with Texas statutes.
- Alignment with current DSHS and CDC recommendations.
- Effectiveness in supporting student educational continuity.
- Integration of best practices and community feedback.

**Next Scheduled Review:** June 2026

**Approved By:** Bryan T. Taulton, Ed.D.

**Board Approval Date:** Monday, September 22, 2025