HEAD LICE POLICY

Current Lice Policy (2013) can be found here.

Lice Regulations that follow Evidence Based Best Practice (Updated 2025)
Pediculosis (Head Lice) is a common community problem, most often experienced by children aged 3 to 11. Head lice are not dangerous and do not transmit disease, but they do spread easily.

Head lice are most commonly spread by direct head-to-head contact with hair of other people who have head lice. Head lice are less commonly spread through contact with an infested person's personal items, such as hair brushes and combs, hats, unwashed clothing, bedding or towels. Head lice are commonly spread within households. Children often spread head lice to each other during close contact while playing. Head lice can crawl from an infested person or object to a non-infested person. Head lice do not fly or jump.

The Webster Public Schools Nursing Offices will follow the protocols outlined by the American Academy of Pediatric and the recommendations of the national Association of School Nurses with regards to the management of head lice in the school setting. Research by the Harvard School of Public Health advises against exclusion and no-nit policies, as well as the elimination of the whole class/school screenings. Periodic home head checks by parents/guardians, resulting in early detection, treatment and removal of live lice and nits, is the most reliable method for controlling pediculosis. The nurses within the WPS Nursing Offices will offer support to families as time and resources allow through screening, notification and educational literature.

To follow evidence based best practice, students exhibiting signs of possible head lice infestation are referred to the health room for an assessment. Symptoms prompting a referral may include complaints of an itchy head, excessive scratching or sighting of a louse, and can be made by a student, a parent/guardian, or a member of the school staff.

If the nurse discovers a case of head lice by the presence of live lice or nits, the parent/guardian will be notified and the treatment information will be provided. The student will be dismissed at the end of the school day, unless the parent/guardian chooses to dismiss earlier. Siblings and other persons of close contact may be assessed for an infestation at the nurse's discretion. Parents/guardians will be advised on treatment and recommended to consult with their physician for further treatment recommendations if necessary.

The student, accompanied by a parent/guardian, will be checked when they return to school to ensure that treatment and nit removal are being done effectively, and to allow for further teaching/counseling regarding treatment follow through. If nits are found after treatment, the student may attend class per the nurse's discretion. If evidence of lack of treatment, prolonged infestation or an incomplete treatment follow through is present, the student may be excluded from attending school at the nurse's discretion.

Periodic educational literature will be sent home to school families via flier or newsletter reminding parents to check their student's hair for lice weekly while between ages 3-11, as well as educating on how to treat if an infestation occurs. If a parent/guardian discovers their child has head lice, they should contact the school nurse to discuss treatment and follow up care.

First Reading:	March 25, 2025
Second Reading:	April 8, 2025
Third and Final Reading:	May 13, 2025