

# **- WESLACO ISD MANAGEMENT OF PEDICULOSIS (LICE) IN THE SCHOOL SETTING POLICY**

## **Screening:**

School RNs/LVN's will screen students for pediculosis on an individual student basis as the preferred method. Entire classroom screenings, campus-wide assessments and "routine" screenings are will no longer take place because they are not productive and result in a potential loss of privacy of health information, embarrassment for students, and decreased instructional time due to classroom disruption. Few cases of lice are found during these types of screenings because students may present with pediculosis at any time, and school, although a potential source of lice infestation, is not the only source of infestation.

Preferably, screening is performed in the Nurse's Office one student at a time in a confidential manner, based on referral of a student or students by themselves, their parents, and/or school personnel. Referral to the nurse is based on these symptoms of pediculosis:

- frequent scratching of the head and/or back of the neck or student statement "my head is itching."
- pink to red marks on the scalp and/or back of neck
- unexplainable sores and/or scabs on the scalp/back of the neck
- yellowish white or brown eggs (nits) attached to strands of hair that can't be washed out or flicked off with the finger
- white to gray crawling forms about the size of a sesame seed  
(In advanced cases the adult lice are larger and are a darker color, and they move quickly through the hair when the hair is parted) There are often several stages of lice development present at the same time.

## **Parent /Guardian Notification**

- Because a child with an active head lice infestation likely has had the infestation for 1 month or more by the time it is discovered and poses little risk to others from the infestation, he or she should remain in class but be discouraged from close direct head contact with others.
- If a child is diagnosed with head lice, confidentiality must be maintained. The child's parent or guardian should be notified that day by telephone. If parent/guardian are unable to be reached a note will be sent home with the child at the end of the school day stating that prompt, proper treatment of this condition is in the best interest of the child and his or her classmates. A lice educational brochure will also be sent home with the student.
- Common sense should prevail when deciding how "contagious" an individual child may be (a child with hundreds versus a child with 2 live lice). Nursing personnel will discuss with the teacher if the child engaged in any type of head to head contact with other children. The nurse will then decide if more children will need to have their hair assessed. Children who were most likely to have had direct head-to-head contact with the infested child and who show symptoms of pediculosis will be evaluated if the nursing personnel see the need for assessment.

## Roles and Responsibilities

### Parent's Role

**Parents have the ultimate responsibility for their children. This includes:**

1. Becoming educated about head lice.
2. Performing regular checks on all individuals in the home.
3. Treating a child with head lice as soon as possible and committing to following through until there are no longer signs of an infestation.
4. Teaching children how to minimize the chance of getting head lice by avoiding head-to-head contact, not sharing hats, combs, brushes, and hair accessories, and by containing long hair in braids or pony tails.

### School's Role

1. Develop and adhere to school district's policies and procedures
2. Periodically disseminate current educational materials on head lice to parents:
  - It is recommended to send a general factsheet letter at the beginning and mid-point of the school year, or as necessary.
3. Mass screenings are not recommended. Schools and child-care facilities should designate an individual or individuals who will be trained to inspect and assess for head lice on a private and confidential basis.

## Recommended Procedures

### Student identified during school hours to have an active case of head lice:

1. Student may return to class but restricted from activities involving close head-to-head contact or sharing personal items with other children. **Immediate removal of the child is unnecessary**—if the child has lice, they probably have been infested for weeks and prompt removal of the child could lead to embarrassment and ridicule. The child can be sent home at the end of the day and should be allowed to ride the bus.
2. Notify parent/guardian directly. Offer emotional support to the parent/guardian as this is a difficult situation for all involved.
3. Send home a copy of the "WISD Lice Brochure" and also Parent documentation of treatment form

### Student with suspected case of head lice returns to school:

1. Parent must accompany their child to the school office with confirmation of treatment.
2. Designated school personnel will re-examine the student's if no live lice are found, student will be readmitted to class.

### If live lice are found and not removed, the student may not be re-admitted to class:

1. Review with parent the manual lice removal techniques (*caution: if chemical treatments were used, they should not be used again for another 7-10 days*).
2. Suggest parent call their pediatrician for further assistance.
3. Any student with no live lice, but nits farther than one quarter inch from the scalp should return to class.
4. If nits are found within one quarter inch of the scalp, educate the parents about the need for removal of those potentially viable eggs and return the child to class. School personnel re-check for lice and nits the next school-day to verify removal of potentially viable nits.
3. Periodic checks of the student's hair by designated school personnel should be done over the next few weeks to assure successful treatment. **\*\*Remember, confidentiality is important.**
4. Request parent to continue daily lice checks and nit removal for the next two to three weeks.
5. Retreat as necessary according to product label.

### Recurrent or Chronic Cases (Continued active infestation after appropriate treatment has started, persistent infestation after six consecutive weeks, or three separate cases within one school year.)

A Multidisciplinary group consisting of parent, teachers, administrators, social workers, school nurse, and other appropriate individuals will convene to determine the best approach to resolving the issue and improve school attendance.