



Book	Policy Manual
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Title	Revised Policy - Volume 35, No. 2 - July 2023 - PEDICULOSIS (HEAD LICE)
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8451 - PEDICULOSIS (HEAD LICE)

Head lice ~~is~~ are a universal problem, present in the community at all times, and ~~is~~ are particularly prevalent among elementary school-age children. Head lice are a nuisance, but do not spread disease. Control of lice infestation is best handled by adequate treatment of the infested person and ~~his/her~~ their immediate household and other close personal contacts. Contracting head lice is not an indicator of uncleanliness or socioeconomic status. Head lice are spread most commonly by direct head-to-head (hair-to-hair) contact ~~and are not known to spread diseases~~. However, much less frequently they are spread by sharing clothing or belongings onto which lice have crawled or nits attached to shed hairs may have fallen.

Communication from the school to parents directly and through parent and classroom education to the students ~~will help~~ helps increase the awareness for both parents and child. Parents need ~~to continually observe their child for this potential problem to~~ check their child's head on a regular basis for signs of head lice and treat adequately and appropriately as necessary. Control depends on prompt case finding and effective treatment.

The school nurse or ~~his/her~~ their designee shall be the only ones authorized to conduct examinations of students for head lice.

If a student in the Cooperative is found to have head lice, ~~the student's parent will be contacted to have the child treated and () to pick him/her up at the end of the school day. () to pick him/her up immediately.~~

~~{Choose one of the following options}~~

~~{OPTION 1}~~

~~() the school nurse or designee shall notify the parent and recommend to pick up the student immediately. The parent shall be advised to administer an FDA-approved lice treatment (e.g., pediculicide/ovicide), treatment by a qualified healthcare provider, or treatment at a clinic specializing in lice and nit removal. If a student with live lice is not able to be picked up immediately, the student may remain in the classroom for the remainder of the school day.~~

~~{END OF OPTION 1}~~

~~(x) the school nurse or designee shall notify the parent and ask the parent to pick the student up at by the end of the school day and administer an FDA-approved lice treatment (e.g., pediculicide/ovicide, treatment by a qualified healthcare provider, or treatment at a clinic specializing in lice and nit removal. The student shall remain in the classroom for the remainder of the school day.~~

~~{END OF OPTION 2}~~

~~() the school nurse or designee shall notify the parent and ask the parent to pick the student up at their earliest convenience and administer an FDA-approved lice treatment (e.g., pediculicide/ovicide), treatment by a qualified healthcare provider, or treatment at a clinic specializing in lice and nit removal. The student shall remain in the classroom until picked up by the parent.~~

~~{END OF OPTION 3}~~

~~**{DRAFTING NOTE: It is recommended by the Center for Disease Control, National School Nurses Association and the American Academy of Pediatrics that students found to have live lice or nits should be allowed to remain in the classroom until the end of the school day and return to school after appropriate use of an FDA-approved**~~

~~pediculicide/ovicide treatment has been completed and no live lice are found. Administrators are encouraged to contact their local health department for further recommendations.]~~

After treatment and upon returning to school, the student will be examined by the school nurse or designee, which may include the principal. The Cooperative practices a policy of (x) "no live lice" (-) "no nits" **[END OF OPTIONS]** as the criterion for return to school.

~~[NOTE: The American Association of Pediatrics and other organizations advocate that "no nit" policies should be discontinued because misdiagnosis is common, the burden outweighs the harm to the student and nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.]~~

[DRAFTING NOTE: The American Association of Pediatrics and other organizations advocated that "no nit" policies should be discontinued because misdiagnosis is common, the burden outweighs the harm to the student and nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.]

The Director shall prepare administrative guidelines to provide for the implementation of this policy.

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