HEAD LICE/PEDICULOSIS

Proposed revised policy represents the NHSBA sample policy in its entirety.

Pediculosis/Lice: Screening. Based on recommendations from the American Academy of Pediatrics, the National Association of School Nurses, and the Centers for Disease Control and Prevention, the Board recognizes that head lice or nit infestation poses little risk to others and does not result in additional health problems, and that students with nits and/or head lice or nits should not be excluded from school. The Board recognizes that school-wide screening for nits alone is not an accurate way of predicting which children will become infested with head lice, and screening for live lice has not been proven to have a significant decrease on the incidence of head lice in a school community.

Parents are encouraged to check their children's heads for lice if the child is symptomatic.

The school nurse will periodically provide information to families of all children on the diagnosis, treatment, and prevention of head lice.

Management on the Day of Diagnosis. The management of pediculosis should proceed so as to not disrupt the education process. Nonetheless, any staff member who suspects a student has head lice will report this to the school nurse or in her/his absence the Principal.

The school nurse may check a student's head if the student is demonstrating symptoms. Students known to have head lice will remain in class provided the student is comfortable. If a student is not comfortable, he/she may report to the school nurse or principal's office. Students with demonstrating symptoms, or who are found to have lice will be discouraged from close direct head contact with others and from sharing personal items with other students.

Siblings of students found with lice may also be checked if there is suspicion that infestation may exist.

The school nurse or Principal/designee will notify the parent/guardian by telephone or other available means if their child is found to have head lice. Verbal and/or written instructions for treatment will be given to the family of each identified student. Instructions will include recommendations for treatment that are consistent with New Hampshire Department of Health and Human Services recommendations. In addition, the school nurse may offer extra help or information to families of children who are repeatedly or chronically infested.

Criteria for Return to School. Once a student with "live lice" has left the school, he/she will not be allowed until after treatment with an anti-parasitic drug or other proper treatment as recommended by the school nurse has begun. The school nurse may recheck a child's head for live infestation.

~~This policy is adopted to carry out the provisions of RSA 200:32, RSA 200:38, and RSA 200:39.~~

~~**Pediculosis: Screening**. Based on recommendations from the American Academy of Pediatrics, the Board recognizes that school-wide screening for nits alone is not an accurate way of predicting which children will become infested with head lice, and screening for live lice has not been proven to have a significant decrease in the incidence of head lice in a school community.~~

~~The school nurse will periodically provide information to families of all children on the diagnosis, treatment, and prevention of head lice. Parents are encouraged to check their children's heads for lice if the child is symptomatic.~~

~~**Management on the Day of Diagnosis**. The Board recognizes that head lice infestation poses little risk to others and does not result in additional health problems. The management of pediculosis should proceed so as to not disrupt the education process. Nonetheless, any staff member who suspects a student has head lice will report this to the school nurse or Principal. Students known to have head lice will remain in class provided the student is comfortable. If a student is not comfortable, he/she may report to the school nurse or principal's office. Such students will be discouraged from close direct head contact with others and from sharing personal items with other students.~~

~~To avoid embarrassment and to contain the infestation, whole classrooms will be checked for head lice upon the report of possible infestation by a classroom teacher. The administrator, his/her designee, school nurse or another qualified professional will examine the child in question and the child's classmates. Siblings of students found with lice and their classmates will also be checked if there is suspicion that infestation may exist. Based upon the school nurse's recommendation, other children who were most likely to have had direct head-to-head contact with the assessed child may be checked or screened for head lice.~~

~~The Principal or school nurse will notify the parent/guardian by telephone or other available means if their child is found to have head lice. Verbal and written instructions for treatment will be given to the family of each identified student. Instructions will include recommendations for treatment that are consistent with New Hampshire Department of Health and Human Services recommendations.~~

~~**Criteria for Return to School**. Once a student with "live lice" has left the school, he/she will not be allowed until after treatment with an anti-parasitic drug or other proper treatment as recommended by the school nurse has begun. The Board recognizes that The American Academy of Pediatrics and the National Association of School Nurses discourage "no nit" policies. In alignment with these recommendations, no student will be excluded from attendance solely based on grounds that nits may be present. The school nurse may recheck a child's head. In addition, the school nurse may offer extra help or information to families of children who are repeatedly or chronically infested.~~

Legal Reference:
RSA 189:15, Regulations
RSA 200:32, Physical Examination of Pupils
RSA 200:38, Control and Prevention of Communicable Diseases: Duties of School Nurse
RSA 200:39, Exclusion from School
American Academy of Pediatrics, Clinical Report on Head Lice Infestation, September 2002
http://aappolicy.aappublications.org/cgi/content/full/pediatrics;110/3/638

Appendix JLCC-R

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