

McFarland School District Health Services <u>PEDICULOSIS (Head Lice) : MSD POLICY & PROCEDURE</u>

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The following procedures reflect best practice based on current evidence and recommendations by the Centers for Disease Control and Prevention (CDC), National Association of School Nurses (NASN), American Academy of Pediatrics (AAP), and MSD Medical Advisor, Dr. Thomas Murwin.

MSD POLICY

8451 - HEAD LICE (PEDICULOSIS)

MSD Policy Manual – See Below, Page 3

Head lice outbreaks have become common in the schools and do not reflect upon a person's environment. They spread among school children as they may transfer from head to head or from clothes or personal items such as combs, brushes and hats.

Head Lice (Pediculosis) Exclusion Policy:

A. Presence of live lice or eggs (before treatment) will constitute exclusion from school at the end of the day. Students will be readmitted when treatment is assured and live lice or eggs are not seen. (Sec. HSS 145.01, Wisconsin Administrative Code)

B. If nits or eggs are present in the seven to ten (7-10) days after the initial treatment, another treatment will be required. If no nits are present seven to ten (7-10) days after the initial treatment, another treatment is recommended, not required.

C. Egg cases or nits present (after treatment) in the hair are not grounds for exclusion unless this is a student's third case within three (3) months or less. The parent and/or guardian will be informed that the student will be readmitted to school only after his/her hair is nit-free.

PROCEDURE

A. IDENTIFICATION:

- 1. If a positive finding of live lice is detected, the student may return to class and a parent/guardian will be notified. Student must be picked up at the end of the day and must be excluded <u>until treatment is completed</u> and there is no presence of live lice.
- 2. Although there is no medical reason to remove the student from school due to head lice, the student's parent/guardian may choose to take the student home before the end of the school day.
- On return to school, students should stop in the health office to check for live lice for days 1-3 after treatment/returning, and again 10 days after treatment. If live lice are found the same exclusion criteria apply.
- 4. Parents/guardians are encouraged to remove nits but students will be allowed to stay in school as "no-nit" policies are not recommended.
- 5. Students should not miss more than one day of school following detection of head lice.

B. SCREENING:

- 1. Current evidence does not support classroom or school-wide screening.
- 2. If the student is identified as having Head Lice and has siblings in MSD, inspection of siblings/household contacts will be done as well by health office staff.
- 3. Students may be screened, if appropriate, by parent/guardian or staff member request

C. EDUCATION/TREATMENT:

- 1. Privacy will be maintained when inspecting students for head lice.
- 2. Parents/guardians are informed of treatment options when contacted for exclusion. Also, available on MSD Health Service website.
- 3. The MSD Head Lice Policy & Procedure is distributed to the parent/guardian of any student who has a positive finding.
- 4. It is the responsibility of the parent/guardian to complete the Head Lice treatment on the infested student. See <u>Head Lice: Prevention, Symptoms & Treatment</u> for information.
 - Only treat affected family members with pediculicide.
 - Continue checking all family members daily for 2-3 weeks.
 - <u>Checklist for Head Lice Removal</u>

D. DOCUMENTATION/NOTIFICATION:

- 1. Notify the health office of any positive Head Lice findings.
- 2. Notify relatives, day care providers or close contacts that exposure or transmission may have occurred.
- 3. Designated health staff will maintain appropriate documentation and tracking of cases of head lice.
- 4. Parents/Guardians & Staff will be notified via email if there are 2 or more cases (from different households) in a classroom at the same time.
- 5. School and/or grade specific communication will be sent to Parents/guardians & Staff via email if an increase of cases are identified by Health Services.
- 6. Student information regarding cases of head lice shall remain confidential.

RESOURCES

<u>McFarland School District Health Services Handbook</u> <u>Head Lice: Prevention, Symptoms & Treatment</u> <u>Checklist for Head Lice Removal</u> <u>Head Lice: What Parents Need to Know</u>: Healthychildren.org from the American Academy of Pediatrics <u>Head Lice Management in Schools:</u> National Association of School Nurses

REFERENCES

American Academy of Pediatrics.(2022). Head Lice: What You Need to Know. Retrieved from <u>Head Lice: What You Need to Know | Pediatric Patient Education</u>

Centers for Disease Control and Prevention. (2015). Head Lice Information for Schools. Retrieved from <u>CDC - Lice - Head Lice - Schools</u>

McFarland School District Policy Manual. (2021). 8451-Head Lice (Pediculosis). Retrieved from <u>Welcome - McFarland, WI 53558 | 608-838-4550 BoardDocs® PL</u>

National Association of School Nurses. (2022). Head Lice Management in the Schools. Retrieved from <u>http://www.nasn.org</u>



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8451 - PEDICULOSIS (HEAD LICE)

Head lice are present in the community at all times and can be particularly prevalent among pre-school and elementary school-age children. Lice are a nuisance, but do not spread disease. Control of lice infestation is best handled by adequate treatment of the infested person and their immediate household and other close personal contacts. Contracting head lice is not an indicator of cleanliness or socioeconomic status.

Communication from the school to parents directly and through parent and classroom education to the students will help increase the awareness for both parents and the child. It is the responsibility of the parent(s) 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.

If a child in the District is found to have head lice or untreated nits, school staff will notify the parent and ask to pick the child up at the parent's 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 child will remain in the classroom until able to be picked up by the parent.

Students may return to the classroom after the appropriate use of an FDA-approved lice treatment (e.g., pediculicide/ovicide), or the Centers for Disease Control treatment options by a qualified healthcare provider, or treatment at a clinic specializing in lice and nit removal.

T.C. 3/2/23

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Centers for Disease Control and Prevention. (2019). Head lice general information. http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html

https://www.nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-head-lice

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