



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street

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Spring Green, Wisconsin 53588

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Phone: 608-588-2551

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Pediculosis (Lice Infestation) Guidelines

Goals:

1. To prevent the spread of head lice in the school population
2. To provide parents/guardians with appropriate information on current treatment guidelines and prevention
3. To prevent over exposure to potentially hazardous chemicals
4. Minimize school absences

Protocol:

1. If a child is suspected of having head lice, he/she is referred to the school nurse, in a confidential manner, for further evaluation.
2. If active head lice are confirmed, the parent/guardian will be notified on the same day
3. The child may remain in school on the day head lice is discovered, per the discretion of the school nurse. A child with active head lice has likely had the head lice for a month or more by the time it's discovered. Little to no immediate risk is posed to others (Frankowksi and Weiner, 2002).
4. If the parent chooses to remove the child from school, the absence will be excused.
5. Treatment options for the student/environment will be explained to the parent/guardian.
6. The child may return to school after treatment.
7. The school nurse will recheck the child to determine effectiveness of treatment and recommend follow up as indicated.
8. The school nurse may screen school age siblings and children who have been in contact with the child with head lice.
9. The teacher of the child with head lice will be informed to help determine the need for additional screening of other students in the classroom. Whole classroom screening is not indicated.
10. Confidentiality should be maintained.
11. A letter should be sent home notifying classmates' parents that a case of head lice is suspected, and asking them to check their children regularly for head lice.

Guidelines for Preventing the Spread of Pediculosis in the Classroom or Related Environment:

1. Hang all coats/snow pants etc. on coat hooks.
2. Store hats in the sleeve of the coat.
3. All classrooms with carpeting will be vacuumed daily.
4. Students should avoid head to head contact.
5. Students should be encouraged to avoid sharing items of clothing, combs, brushes etc.

Treatment:

1. Treatment should be considered only when active lice or viable eggs are present.
2. Numerous pediculicides are available by either prescription or over the counter for treatment of head lice. Permethrin 1% (NIX) is currently the recommended treatment for head lice. Re- treatment should occur in 7-10 days if live lice are seen (Frankowski, Weiner, 2002)
3. Parent/caregiver may be encouraged to consult a physician or pharmacist for recommendations. Unless otherwise advised by a physician, follow the instructions on the pediculicide, **EXACTLY**. Pediculicides can have harmful side effects, if used excessively or improperly
4. None of the currently available over the counter pediculicides are 100% ovicidal. Therefore, it's important to remove nits with a special nit comb or manually.
5. An electronic louse comb, such as the Robi Comb, may be used at school, by the school nurse, to help eliminate active lice. It provides a chemical-free alternative to repeated use of pediculicides.

References:

- National Association of School Nurses (NASN). (2004). Position Statement: Pediculosis in the School Community. Retrieved February 4, 2008, from <http://www.nasn.org>
- Frankowski, B.L., & Weiner, L.B. (2002). Head Lice. *Pediatrics*. 110(3) 638-643.
- Sciscione, P., & Krause-Parello, C.A. (2007). Not-Nit Policies in Schools: Time for Change. *The Journal of School Nursing*. 23(1) 13-20.
- Pollack, R.J. (2000). Head Lice: Information. Retrieved February 4, 2008, from the Harvard School of Public Health Website: <http://www.hsph.harvard.edu/headlice.html>.

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