

Head Lice Guidelines in Clinton Schools

- 1. School nurses and health aides will conduct head lice screenings on suspected or referred students.**
- 2. Children found to have active head lice will be removed from class. The child's parent/guardian shall be notified of the suspected head lice and asked to pick up child. At that time, it will be recommended the parent contact the child's health care provider.**
- 3. Classroom wide screening is not merited.**
- 4. Student must be free of active head lice before returning to school.**
- 5. The nurse or health aide will recheck the child before returning to class**
- 6. Parental monitoring of the child's head is recommended for a period of at least 2 weeks**
- 7. The American Academy of Pediatrics, National Association of School Nurses, CDC and Harvard School of Public Health do not recommend a "no-nit" policy.**
- 8. The discovery of nits should not cause the student to be sent home from school or isolated while at school.**
- 9. The CDC (2010) cites the following reasons not to have a "no-nit" policy in schools:**
 - a. Many nits are more than ¼ inch from the scalp. Such nits are usually not viable and unlikely to hatch to become crawling lice, or may in fact be empty shells, also known as casings.**
 - b. Nits are cemented to hair shafts and unlikely to be transferred successfully to other people.**
 - c. The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice.**
 - d. Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel.**

References:

Center for Disease Control. www.cdc.gov/parasites/lice/head/schools.html

National Association of School Nurses. Position statement: Pediculosis in the school community. www.nasn.org

Harvard School of Public Health. www.hsph.harvard.edu/headlice