

HEALTH POLICY  
RHODE ISLAND SCHOOL FOR THE DEAF  
BOARD OF TRUSTEES

**Head Lice: School Policy**

PURPOSE

It is the position of the Rhode Island School for the Deaf that the management of pediculosis (infestation of head lice) should not be a hindrance to the educational setting. There is no disease associated with head lice and in school transmission is considered to be rare.

GENERAL MEASURES AT SCHOOL	GUIDELINES
<p>Routine screening for head lice is not recommended</p>	<p>The American Academy of Pediatrics discourages head lice screenings. They have not proven to have an effect on the occurrence or reoccurrence. Children demonstrating symptoms should be checked.</p>
<p>The American Association of Pediatrics, the National Association of School Nurses, and the Centers for Disease Control and Prevention advocate “no-nit” policies be discontinued.</p>	<p>Egg cases farther from the scalp tend to be hatched or empty and are of no consequence. Nits are unlikely to be transferred because they are adhered tightly to the hair shaft. Unnecessary absenteeism outweighs the risks associated with head lice. Misdiagnosis of nits is very common if conducted by nonmedical school staff.</p>
<p>Educate parents in managing head lice in the school setting.</p>	<p>Head lice do not spread disease and are not a medical or public health hazard. Teaching the student and parent how to manage a case of head lice using factual and nonjudgmental information is practical.</p>
<p>School personnel involved in detection of head lice should be properly trained.</p>	<p>The diagnosis of head lice should be made by a child’s health care provider or other person trained to identify live head lice because they can be difficult to find.</p>

### Individual Case Management

GENERAL MEASURES AT SCHOOL	GUIDELINES
A student with an active case of head lice may be allowed to stay in school but be discouraged from close head to head contact with others.  The parent or guardian will be notified by either phone call, email or a note. The information relayed will be that prompt proper treatment of this condition is in the best interest of the student, family members, and classmates.	It is likely the infestation has been for at least a month by the time it is discovered and poses little risk to others.  Information will be given to the parent in their primary language and presented in an understandable way.

#### POLICY:

Criteria for return to school: Students diagnosed with a case of live head lice may stay at school until the end of the day. They need to be treated and only return to class after the appropriate treatment has begun. Parents must attest to the school nurse they have treated student at home. Nits sometimes continue to be present after treatment but successful treatment will kill crawling lice. Checking for nits (dead or alive) after treatment has begun is not productive.

Reference: Rhode island Department of Health, Head Lice: Guiding Principles for School Policy, RI.gov. November 2014.