

## **ECS Pediculosis Guidelines**

If a student is found to have live lice, the parent/guardian will be notified and have the option of picking up their child and beginning treatment immediately, or starting treatment at the end of the day. ECS recommendation is that the student should remain in class, but be discouraged from close direct head contact with others. After the initial treatment the student can return to school. If nits only are found, the nurse will notify the parent/guardian and a treatment plan will be devised.

Parents/guardians are encouraged to alert the nurse when their student has been diagnosed with lice.

Rationale:

### **PA Dept of Health:**

The Department of Health regulations (28 PA Code, Chapter 27 Communicable and Non-Communicable Diseases, Section 27.71 Exclusion of children, and staff having contact with children, for specified diseases and infectious conditions) requires that students be excluded if suspected of having live lice. They are to be readmitted to school immediately following the first treatment. A second treatment about a week after the first treatment may be advised. These regulations do not specify that the student is to be excluded immediately.

Following recommendations from the American Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN), "No Nit" policies are not recommended. It is recommended that students with live lice be sent home at the end of the day and contact the parents and provide instruction to treat the student, any affected family members and the home environment. "Because a child with an active head lice infestation had had the infestation for one month or more by the time it is discovered and poses little risk to others from the infestation, he or she should remain in class but be discouraged from close direct head contact with others." (AAP)

**Centers for Disease Control:**

CDC states that students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun.

**Allegheny County Health Department:**

Treat at end of day and readmit once first treatment completed. The American Academy of Pediatrics does not recommend sending children home early if lice are discovered.

**American Academy of Pediatrics:**

Because a child with an active head lice infestation likely has had the infestation for 1 month or more by the time it is discovered and poses little risk to others from the infestation, he or she should remain in class, but be discouraged from close direct head contact with others. If head lice is diagnosed in a child, confidentiality is important. The child's parent or guardian may be notified that day by telephone or by having a note sent home with the child at the end of the school day stating that prompt, proper treatment of this condition is in the best interest of the child and his or her classmates. Common sense and calm should prevail within a school when deciding how "contagious" an individual child may be (a child with hundreds versus a child with 2 live lice). It may be prudent to check other children who are symptomatic or who were most likely to have had direct head-to-head contact with the infested child. Some experts argue that because of the relatively high prevalence of head lice in young school-aged children, it may make more sense to alert parents only if a high percentage of children in a classroom are infested. Other experts feel strongly that these "alert letters" violate privacy laws, cause unnecessary public alarm, and reinforce the notion that a head lice infestation indicates a failure on the school's part rather than a community problem.

Head lice screening programs have not been proven to have a significant effect over time on the incidence of head lice in the school setting and are not cost-effective.