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Administrative Letter A140

Handling Students with Lice

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DATE: October 19, 2018 (Updated January 4, 2026)

REGARDING: Handling Students with Lice

REVIEWED & UPDATED: Student Services Director Brad Christensen

(Formerly Policy 2350)

APPROVAL: WCSD Superintendent Richard Holmes

In managing lice in the schools Washington County School District refers to the recommendations as per the Utah Department of Health and Human Services (DHHS), DHHS Office of Epidemiology, the Center for Disease Control (CDC), American Academy of Pediatrics, and the National Association of School Nurses (NASN).

Over the last 10 years multiple scientific studies have proven that school is rarely the place of lice transmission. The vast majority of cases of lice are spread by friends and family members who often play or live together. However, the school can be helpful in controlling the spread of head lice through providing on-going education and information, including: prevention, identification, treatment and control measures. The school nurse plays an integral role in providing training to the school staff, and in assisting students/families with cases of head lice infestation.

Lice do not cause disease and are not dangerous to the child or to others. Head Lice are small (about the size of a sesame seed), wingless parasitic insects with sucking mouthparts that reside close to the scalp to maintain its body temperature and to feed on human blood. They lay their eggs called “nits” on body hairs or clothing. Without blood meals, a louse will die within 1 to 2 days off the host. An infestation (pediculosis) is referred to when there is direct visibility of live lice. No-nit policies are not necessary. (NASN)

Upon Discovery:

If a student is found to have a head lice infestation he/she has usually had them for 3-4 weeks. Nonetheless, the parent(s) must to be notified as soon as possible, but no later than by the end of the school day.

The student may go home at the end of the school day; there is no urgency or need to send the student home early from school. (NASN; Utah Standards of Care; UDH Office of Epidemiology) However, upon communication with the parent(s) it may be agreed that the student be released early.

The parent must be provided with educational materials to assist them in the removal of the infestation from the student, possibly other family members, and their home environment.

Class/School Precautions:

Current evidence does not support the efficacy or effectiveness of classroom or school wide screenings in *decreasing* the incidence of head lice among school children. However, they are shown to *increase* community anxiety, increase social stigma and put the students' rights to confidentiality at risk.

It is neither necessary nor recommended to conduct a classroom screening; however, at the discretion of the classroom teacher and school nurse, household members and close playmates of the student affected with lice may be checked. (NASN; Utah Standards of Care; Utah Dept. of Health)

It is recommended that when one or more cases of lice are present in the classroom(s), that the parents of other students within the same classroom(s) be notified that cases of head lice are present and provided with educational materials. It is a violation of the privacy rights as per FERPA/HIPPA to release information specific to any student with lice. (NASN, Utah Standards of Care)

Staff and volunteers who may have been at-risk of lice infestation due to close contact with the student(s) with head lice may also be provided with education materials.

The class and/or classes affected should avoid any head-to-head (hair-to-hair) contact activities. Students should not use any shared headphones, helmets, hats or clothing until they have been thoroughly washed/cleaned. Any fabric and items that are not washable may be sealed in a plastic bag and stored for two-weeks. (Utah Standards of Care)

The custodian needs to be informed of the necessity to clean and vacuum the floors, furniture, and carpeting within the classroom(s) attended by lice and/or nit infested students.

Return to School:

The parent must report to the school when the initial treatment has been completed; upon return the student will be checked. The student may return to school after the *appropriate* initial treatment. The initial treatment should have killed all live lice within 8-12 hrs. If not, the parent may be advised to talk with a healthcare professional who may prescribe an alternative treatment. It is not necessary to exclude a student from school who has nits.

A daily routine (as per the educational materials provided) should be followed and the student must receive follow up treatment 7-10 days after the initial treatment. This should kill nits that have hatched that were not killed during the initial treatment. The parent shall report to the school when the treatment has been completed. The student will be checked again at 7 to 10 days to make sure that all of the lice are gone.

The student(s) will be allowed full opportunity to make up work missed; however, it is the responsibility of the parent/student to contact teacher(s) to obtain missed assignments, tests, etc.

Failure to Comply:

If the parent does not follow through with the proper treatment, and the student continues to be affected by a lice infestation, he/she will be excluded from attending school until proper treatment has been completed.

If the student(s) does not return to school within a timely manner after exclusion, the school and/or school nurse will contact the parent to inquire about the reason for the absences and to offer support to the family.

If the student(s) do not return to school after supportive efforts are provided, and/or continues to have lice infestations, the school nurse and school principal may determine it necessary to involve Child Protective Services/Division of Child and Family Services.