The board recognizes that some students come to school with pediculosis (head lice). It is the policy of the board that students with head lice must receive effective treatment and follow procedures that deter the spread of head lice to other students. This policy establishes requirements for the identification, treatment, and school attendance of students with head lice.

Pediculosis is identified by observing head scratching and the presence of live lice or nits (egg cases) in a student's hair. Teachers, principals, and other designated school employees should identify and confirm suspected cases of head lice with the assistance of the school nurse. Other students, including siblings, who were in close proximity with the affected student also should be screened as appropriate.

Students with head lice should be sent home from school for treatment. The student's parent or guardian will be contacted to pick up the student from school as soon as possible. The student's parent or guardian also will be informed of the various options available for effective treatment. The student may return to school once (1) he or she has received proper treatment and (2) all live lice and nits are removed from his or her hair, as verified by a physician, the school nurse, or other designated school employee.

Students with head lice who are absent from school may be excused for up to two (2) full school days during treatment; however, any additional absences should be considered unexcused.

Students with recurring cases of head lice will be referred to the school nurse, who, in consultation with the principal, shall determine whether further intervention is appropriate. However, if a student remains untreated for a confirmed case of head lice or if a student suffers from frequent cases of head lice, the principal should consult with the school nurse and the Department of Social Services to ensure that the student is receiving proper care.

Legal References: G.S. 115C-36

Cross References: Communicable Diseases – Students (policy 4230)

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