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| VALLEY CITY PUBLIC SCHOOL DISTRICT #2 VALLEY CITY, NORTH DAKOTA 58072 HEAD LICE | Descriptor Code FCAC | 1st Reading 10/23/18 |
| | Adopted 10/23/18 | Revised/Rescinded |

HEAD LICE

The Valley City Public School District is committed to providing a safe and healthy learning environment for students. Pediculosis, also known as head lice, is a common condition that contributes to absenteeism. These guidelines should help to prevent the spread of head lice within our school community.

Management of Head Lice

School district personnel may perform a head lice screening on any student exhibiting symptoms of a lice infestation and on any student who has had head-to-head contact with a student believed to have head lice.

1. A student found to be infected with head lice, detected by a live louse, must be reported to the building principal and the student will be removed from the classroom.
2. The building principal shall work with teachers and other personnel to implement a plan to reduce head-to-head contact among students.
3. School District Personnel shall notify the student's parent/guardian of a suspected infestation. The parent /guardian will receive written instructions on the treatment of head lice and a verification of treatment form that must be signed by the parent/guardian before the student can be readmitted into the classroom.
4. Upon the first day of the week following treatment, the student will have a pediculosis screening with the school nurse and/or school official. To prevent further spread, the district will require that all live lice be removed before a student can be re-admitted into the classroom. The principal must approve all re-admittance to the classroom.

A student will be allowed up to two excused absences for head lice treatment. Any additional absences will be counted as unexcused. The principal and school nurse shall work with the parent/guardian of any student who has been deemed to be a chronic case to help minimize the student's absences from school.

Complementing

- FCAC-E1, Verification of Treatment Form
- FCAC-E2, Notification to Parent(s)/Guardian(s)