

Student Health

Head Lice

Recognizing that head lice is a community nuisance, not a contagious disease, the district works toward eradication utilizing guidelines from the Office of the Superintendent of Public Instruction. In responding to cases of head lice, the district endeavors to respect student privacy, support families in their efforts to control and eliminate head lice, and maintain students' attendance in school.

If a student presents at school with live lice (the presence of lice or nits):

- Parents/guardians are informed that treatment must be initiated;
- The student may remain at school until the end of the school day unless the parent/guardian chooses to pick-up the student;
- Head lice control procedures which are based on current scientific research and best practice are implemented.

A. Teacher Responsibility:

1. If a student displays signs of head lice infestation (itching, “tickling feeling” in hair, detection of live lice and/or nits, sores from scratch marks on the head) the teacher will notify the parent/guardian along with the school nurse (if on site) and/or office staff covering health room. If the teacher is unable to notify the parent/guardian, s/he will request notification to be completed by office staff.
2. If more than two cases of lice occur concurrently in one classroom, where students who are not related and have not had recent close contact (example: sleep over), notify the school nurse and/or office manager to generate dissemination of lice notification letter to parents/guardians of students in that classroom.
3. Discourage close head-to-head contact in your classroom.
4. Protect the confidentiality of students with head lice in compliance with FERPA.

B. Office Responsibility:

1. Provide lice notification letter to parents/guardians for classroom where more than two lice cases in students who are not related and haven't had close contact have been identified.
2. Protect the confidentiality of students and their families as required by FERPA.

C. Nurse Responsibility:

1. If applicable, screen siblings or close contacts for lice.
2. Provide lice notification letter to office manager/teacher for classroom distribution if more than two cases of lice are reported in one classroom where students are not related and have not had recent close contact.
3. Provide information pamphlets/handouts, as needed, to families.
4. Provide training to office staff on lice detection.
5. Provide and support staff education on lice procedure.
6. Provide educational materials to parents/guardians and students throughout the school year.
7. Provide educational letter via school publication on lice procedure as needed.
8. Assess possible outbreaks involving multiple students within grade levels not involving outside contact. Initiate classroom screening if nursing assessment determines need for this step.
9. If needed, re-check student(s) when nurse returns to school site.

10. In the rare case that a student has chronic head lice infestation that is disruptive to the learning environment (treatment guidelines not followed or successful repeatedly), the school nurse will use their professional judgment in determining if exclusion is to be considered. The nurse will consult with building administrator if exclusion is a consideration. If the building administrator decides to exclude, they must do so according to the following due process requirements:
 1. Written notice to the parents, guardians or persons in loco parentis delivered to the parents in person or by certified mail;
 2. Notice of the applicable laws, including a copy of the laws and rules;
 3. The order that the student will be excluded from school immediately and until treatment is verified;
 4. Explain the rights of the parents and student to a hearing, the hearing process and that the exclusion continues until treatment is verified or the hearing officer determines that the student should no longer be excluded from school;
 5. If the parents request a hearing, the district will schedule one within three school days of receiving the request, unless more time is requested by the parents; and
 6. The hearing process will be consistent with the procedures established for disciplinary cases pursuant to Chapter 392-400 WAC.

D. Parent Responsibility:

1. Infected student(s) should be treated before returning to school.
2. Follow all treatment guidelines including “nit-picking” for two weeks following the initial treatment.
3. Contact the school if you know or suspect that your child has lice.
4. Inform family, friends and after school activity groups if your child has lice.
5. Treat your child and follow instructions as provided by product directions and/or pharmacist/health provider.
6. Read recommendations for prevention of spread and treatment as provided by school nurse.

For additional information:

- Centers for Disease Control and Prevention - Head Lice
- Identify US - Frequently Asked Questions
- National Association of School Nurses – Lice Lessons
- King County Public Health - Head Lice Fact Sheet

Auditory Acuity Screening

A. Frequency of Screening

1. Auditory acuity screening will be conducted at a minimum in kindergarten, first second, third, fifth and seventh grades.
2. All students having a possible hearing loss will be screened by the district-provided audiologist and any time throughout the school year when referred by parents/guardians or school nurse.

B. Screening Equipment

1. The auditory screening equipment used will provide tonal stimuli at frequencies of 1,000, 2000, and 4,000 Hz at hearing level of 20 decibels. The earphone

measurement of the decibels is in reference to the American National Standards Institute ANSI 1996 standards.

2. The screening equipment will be calibrated at least annually by qualified persons.

C. Screening Procedures

1. Students will be screened at 1,000, 2,000 and 4,000 Hz
2. Screening will be conducted in an environment as free of extraneous noise as possible and at a hearing level of 20dB
3. The screening will be completed as soon as possible in the school year
4. Screening results, any referrals and the result of referrals will be placed in students cumulative file folder

D. Screening Referral

1. If a student does not respond to one or more frequencies in either ear during the initial screening in the school screening program, the following steps will be taken.
 - a. The student will immediately be rescreened at another station
 - b. If the student does not respond to one or more frequencies in either ear during the second screening on the same day, the student will be referred for rescreening, supervised by district provided audiologist.
 - c. Referral letters will be sent by school nurse to parent/guardian via US mail, and a copy of the referral letter and referral results will be placed in the student's cumulative file.
 - d. School nurse will notify student's teachers of the need for preferential positioning in class because of the possibility of decreased hearing.

Visual Acuity Screening

A. Frequency of Screening

1. Visual acuity or instrument-based vision screening will be conducted in at least kindergarten, first, second, third, fifth and seventh grades as required by state law.
2. All students with a possible vision deficiency will be screened by the school nurse for visual acuity or with an instrument-based vision screening device when referred by parent/guardian and/or school staff.
3. Students are not required to be screened if they already have had a comprehensive vision examination by a licensed vision care professional within the previous twelve months. In order to waive the screening, schools need to have a report or form signed by a licensed vision care professional indicating that an examination has been administered. The school nurse must place this report or form in the student's cumulative file.
4. A student who the school district has reported as having a visual impairment is not required to be screened.

B. Screening Equipment

1. Students must be screened using the standardized optotype-based distance vision and near vision acuity screening tools approved for each grade as well as the rescreening and referral criteria by grade outlined as follows:

Purpose of Screening	Grade	Screening Tools	Rescreening and Referral Criteria
Distance Vision	Kindergarten	LEA vision test: Single LEA symbol (at 5 feet), or HOTV letter	Visual acuity worse than 20/40 in either eye
Distance Vision	Grade one	LEA vision test: Single LEA symbol (at 5 feet), or HOTV letter	Visual acuity worse than 20/32 in either eye
Distance Vision	Grades two and above	LEA vision tests: LEA symbols or numbers, or HOTV letters, or Sloan letters	Visual acuity worse than 20/32 in either eye
Near Vision Acuity	Kindergarten	LEA vision tests: LEA symbols near vision, HOTV, or Sloan letters	Visual acuity worse than 20/40 in either eye
Near Vision Acuity	Grade one and above	LEA vision tests: LEA symbols near vision, HOTV, or Sloan letters	Visual acuity worse than 20/32 in either eye

2. When using a screening tool with a single isolated optotype or a single line of optotypes, the tool must include the use of crowding bars or crowding boxes.
3. Students may be screened using an instrument-based vision screening device in lieu of the optotype-based tools outlined above. Referral using instrument-based vision screening devices is determined through the manufacturer's criteria. If the instrument-based screening device does not generate a result for a student, they must be screened using the optotype-based tools outlined above.

C. Screening Procedures and Referral

1. Students wearing corrective lenses will be screened for vision with their corrective lenses on.
2. Referral is indicated by the inability to identify the majority of letters or symbols on the line of the screening tool as indicated in the table above, or if the instrument-based vision screening device returns a result of ‘refer.’
3. Students will be rescreened as deemed necessary by school nurse, if vision acuity is less than indicated in the table above.
4. Parents/guardians will be informed in writing of the need for the student to receive professional eye evaluation when the vision acuity is less than indicated in the table above in either eye, or if the instrument-based vision screening device returns a result of ‘refer.’ Notification will be sent by school nurse by US mail, and a copy of the referral letter and referral results will be placed in the student’s cumulative file.

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