GUIDELINES FOR THE MANAGEMENT OF HEAD LICE IN SCHOOL

A. EDUCATION

1. Upon request school board nurses will provide head lice education to students which will include general head lice information and specific prevention measures.
2. Upon request the School Board Nurse will offer in-service training for school staff to review control measures.
3. Parents and guardians should be:
   • Informed of School Board Policy regarding head lice management procedures (especially at the elementary school level).
   • Provided with access to information on appropriate management of head lice infestation.

B. SCREENINGS

1. Criteria for screening an individual for lice are: persistent itching or scratching, known exposure to sibling or other close contact with head lice.
2. Research indicates routine classroom and/or school wide head checks disrupt the educational process and are not essential strategies in the management of head lice.
3. School personnel will spend no more than five (5) minutes performing a single head check.
4. All checks for head lice should be done in a confidential manner, to respect the student’s right to privacy and, to the extent possible, to avoid embarrassment.
5. Three non-related cases of head lice in a classroom within ten consecutive school days require that all children in the classroom be screened by the following day.
6. The school will notify parent/guardian via a letter when head lice and/or nits have been found among a student’s classmates.

C. SCHOOL SITE PREVENTION

1. Carpeted areas of schools should be vacuumed. Pre-Kindergarten, Kindergarten and primary classrooms are the highest priority.
2. When acquiring furniture for classrooms and the school office, avoid furniture with cloth upholstery.
3. Care should be taken when students hang up their coats and their backpacks each day. Coats should be hung on separate hooks, on the back of chairs or placed in a backpack.
4. Commercial insecticide sprays will not be used on furniture or mats. Vacuuming or washing with warm water and soap is sufficient and does not pose risks for students with respiratory problems.
5. Stereo or computer headsets should be wiped off with a clean cloth between student uses.
6. Students should not share helmets.
7. Avoid sharing of hats, wigs, pillows, stuffed toys, or dress-up clothes. Wash all of these items in the event of a classroom outbreak whenever possible.
D. STUDENT WITH HEAD LICE OR NITS

1. Refer to Procedure for Management of Head Lice flow chart.
2. If assistance is requested by a parent, school personnel will contact the school board nurse. The nurse will assess the needs of the student and family and offer an anti-lice shampoo if needed.
3. Readmission
   a. Students found with live lice will be excluded from school.
   b. Students found with no live lice may return to class, even if nits are present.
   c. Students will be rechecked at 7 and 14 days. If live lice are present, the student will be excluded from school again.
   d. After 14 days if live lice remain present, absence of lice and nits is required for student’s readmission to school.
   e. Students with nits only should not be excluded from school but rechecked on the seventh (7th) and fourteenth (14th) days for the presence of live lice.

E. CONCLUSIONS

The above guidelines are intended to help schools make fair and consistent decisions for their students. These guidelines include a no-live-lice policy and a limited no-nit policy as outlined above.

Education in prevention and transmission is the key to the management of head lice.
Introduction RATIONAL STATEMENT ON PEDICULOSIS

Pediculus Humanus Capitis, more generally known as head lice, is a common parasitic infestation that affects people, regardless of race, age, gender or socio-economic status. Head lice affects six to twelve million people each year. Infestation occurs most often among young girls between the ages of four to ten. Studies show head lice is the second most prevalent transmissible childhood health condition, second only to the common cold.² The danger of transmission is far “lower for head lice than for infections due to cold or flu viruses – yet children are rarely excluded from school because of these often non-debilitating infections.”² The facts show head lice to be more of a social issue rather than a serious health concern. The following are recommended as best practices:

1. Providing consistent information for schools, health agencies and social service agencies to effectively control the spread of head lice.
2. Providing consistent education on safe and effective lice treatment.
3. Providing consistent education for effective prevention.
4. Providing an established process to respond to those families and students having difficulty with chronic or recurrent lice infestations (including practice and referral criteria).

Brief Overview of Head Lice

Head lice are tiny parasitic insects that live, feed and breed only on the human head. They do not live on animals or birds and cannot survive for more than 72 hours off of the head. The female head louse lays eggs (nits) in the hair, glued tightly to the hair shaft. An infestation of head lice can be symptom free and go undetected for several weeks. Symptoms may include itching, redness or scratch marks. Severe, untreated infestations can lead to secondary infections caused by bacteria. Head lice themselves do not carry or transmit any diseases.

Head lice are primarily transmitted by direct head to head contact. An example of this would be siblings sharing the same bed and pillow. This contact forms a handy bridge for the head lice to cross over from one person to another. Hugging and cuddling is also a form of direct contact. Other forms of transmission are less direct, such as sharing of hairbrushes, combs, barrettes, hats, scarves, etc. One important thing to remember, head lice are “obligate human parasites.” They want to stay on the same host throughout their life cycle.

An infestation of head lice can bring on a wide range of emotional responses, ranging from embarrassment to guilt to rage. Parents and caregivers can experience much frustration that can lead to anger and blame, especially toward the school. For the school-aged child, an infestation with head lice can cause excessive school absenteeism. For their caregivers, it can cause lost time in the workplace and lost wages. Schools are also impacted by increased staff time spent in screening for head lice, calling parents and other related matters that infringe on their usual duties. CURRENT RESEARCH INDICATES THAT MOST LICE INFESTATIONS ARE RARELY CONTRACTED IN THE SCHOOL SETTING.
Head Lice in the School Setting

Although head lice are transmissible, their potential for epidemic spread in the school setting is minimal. Thus major health organizations such as the American Academy of Pediatrics, The Harvard School of Public Health and the American Public Health Association have recommended against excluding children from school as an intervention against head lice infestation.

From a medical perspective, infestation with head lice is a mild health condition without serious health consequences for a child, and should not be considered a major health threat to those infested or those potentially exposed.

No convincing data exists that demonstrates that enforced exclusion policies are effective in reducing the transmission of lice. One study executed and reported by L. Keoki Williams, MD in Lice, Nits and School Policy is illustrative. This study involved screening 2049 children in Atlanta schools. The researchers found that 74 (3.6%) of the children screened had nits but no live lice. Live lice subsequently appeared in only nine of the children with nits. This study shows that the likelihood that nits will develop into an infestation with live lice is low. It also suggests that excluding all children with nits from school and requesting they be treated for lice is a “shotgun” approach. For each child and family who could actually benefit from such approach, several children and their families will experience unnecessary pesticide exposure and lost school and work days.

Other research, done by Dr. Richard Pollack at the Harvard School of Public Health³ highlighted the following three points regarding the diagnosis and management of head lice infestations:

1. Health care professionals as well as those without a health care background frequently over-diagnosed lice infestation;
2. Non-infested children are quarantined as often as infested children; and
3. Traditional pediculicides and “alternative” formulations are frequently overapplied.

Such research has led to a consensus among experts to discourage policies that broadly target children with nits for exclusion from school for treatment of lice. For example, the position statement of the National Association of School Nurses state, “…nit-free policies disrupt the education process and should not be viewed as an essential strategy in the management of head lice.”

Footnotes

1 Excerpted from Multnomah County Health Department and the Multnomah Education Service District, Oregon/Head Lice Resource Team 2 Hansen, Ronald MD, et al. Guidelines for the Treatment of Resistant Pediculosis, Contemporary Pediatrics, 2000 (Supplement)
3 Pollack, Richard J., “Head Lice: Information and Frequently Asked Questions”, Department of Immunology and Infectious Disease, Harvard School of Public Health