



Motivate Collaborate Support Develop

930 Colorado Avenue ~ Montrose, Colorado 81401 maili

PO Box 10,000 ~ Montrose, Colorado 81402 billi

970.249.7726 phone ~ 970.249.7173 fax ~ www.mcsd.org w

Guidelines on Head Lice in Schools K-12

Health Services Position Statement:

In the United States, head lice infestations affect nearly 6-12 million children ages 3-11 each year. The management of head lice in the school setting should not disrupt the educational process. The Center for Disease Control, American Academy of Pediatrics, and the National Association of School Nurses strongly discourage screening for head lice and “no-nit” policies- both of which have been proven to be ineffective in controlling the spread of lice. “No-nit” policies that require a child to be free of nits before returning to school lack evidence of being effective and result in unnecessary absenteeism. Unnecessary absenteeism leads to the loss of learning opportunities for the student and potentially family wages due to missed days of work.

It is important to know that head lice are not related to a lack of personal hygiene or cleanliness, and although a nuisance, have not been shown to spread disease. Misconceptions and prejudices about head lice continue to exist, placing unwarranted stress and pressure on schools and staff. These guidelines on head lice were developed using the most current and professional evidence-based factual information available.

Goals of Controlling Head Lice:

1. Decrease school absenteeism.
2. Educate and support families in their efforts to control and eliminate head lice.
3. Educate and support school staff on Head Lice Guidelines, Protocols, and Procedures.
4. Maintain student confidentiality, privacy, and emotional wellbeing.

School Head Lice Procedure:

1. If a student is found to have a live infestation of head lice, the parent/guardian will be notified via phone and information on head lice will be sent home with the child at the end of the day in a sealed envelope.
 - a. The student may stay until the end of the school day, however it is acceptable if the parent wishes to pick their child up after being notified.
 - b. The parent is instructed both verbally over the phone and by written notice notification that will be sent home on the day the infestation of lice is identified. Both notifications will include information explaining that the student is not permitted to return to school until they have used a medicated lice shampoo treatment.
 - c. Only in certain cases is it appropriate to have the student’s head checked for lice upon returning to school. Such a decision is based on the clinical judgment of the school registered nurse(s) and would be made on a case-by- case basis.
 - d. It is ultimately the parent/guardian’s responsibility to manage head lice by checking for live lice daily and before returning to school, as well as checking and combing out nits daily for 14 days following the first treatment.
2. Students found to have nits are permitted to remain in school. If a student is found to have nits/eggs, parent/guardians are encouraged to comb the nits out with a fine toothed comb daily for the following 14 days and reminded to complete the follow-up medicated shampoo treatment in 7-10 days from the first shampoo treatment.

3. Current evidence does not support classroom screenings for head lice and therefore will not be implemented.
4. If a student with an active infestation of head lice has siblings in the school district, they will be checked for head lice discreetly in the health office.
5. If a student is found to have head lice or nits, the custodian will be notified to vacuum the affected classroom(s) and upholstered furniture within.
6. Stuffed animals and pillows will be removed from affected classroom(s) and bagged for 14 days.
7. Coats, hats, scarves, and backpacks in affected classrooms will be kept separately so they are not touching one another.
8. The customary notification to the parent/guardian for the presence of head will be done on a case-by-case basis, as described in (1-b).
9. Classroom notifications will not be done for typical cases of head lice.
10. Only in very unusual cases will the School Registered Nurse consider a general parent/guardian notification for an abnormally high number of identified cases of head lice in a particular classroom. The decision to do so will be determined by School Registered Nurse in conjunction with the School Principal/Administrator(s).
11. School personnel involved in the detection of head lice infestations will be properly trained by the School Registered Nurse and will follow associated head lice protocol in schools.

The Facts on Head Lice:

1. It is important to know that nits found more than ¼ inch from the scalp are typically not viable and unlikely to hatch into live lice, or may in fact be empty shells referred to as “casings”.
2. It is important to know that nits cemented to the hair shafts are highly unlikely to be transferred successfully to other individuals.
3. Live lice cannot jump or fly, and are transferred primarily through direct head to head contact. Live lice can only live without a human host for a maximum of 48 hours and are therefore less commonly spread by hats, scarves, hair ties, combs, brushes, stuffed animals, furniture, or rugs.
4. According to the American Academy of Pediatrics (2015), most cases of head lice are acquired outside of the school setting.
5. While it is unlikely to prevent all cases of head lice, students should be taught not to share personal items such as combs, brushes, and hats, and encouraged not to engage in direct head-to-head contact with other students.
6. Regular observation by parent/guardians is an effective way to detect and promptly treat head lice infestations.
7. The implementation of head lice guidelines and protocols are based on the most current and accurate evidenced- based research and best practices.
8. The School Registered Nurse trains Health Techs in the detection of head lice and management procedures.
9. Confidentiality of student health information is maintained within FERPA and HIPPA compliance guidelines.

References

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