

**CHELSEA PUBLIC SCHOOLS
HEALTH SERVICES**

**HEAD LICE POLICY AND
PROTOCOL**

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HEAD LICE (PEDICULOSIS) EXAMINATION AND EVALUATION

PURPOSE

To contain infestation of head lice among the school age population while maximizing students' academic performance and minimizing absences due to unnecessary exclusion of students using nursing/medical best practices. The American Academy of Pediatrics and the National Association of School Nurses no longer endorse a "No Nits" policy in schools. Exclusion is not an effective tool in reducing lice outbreaks (CDC, 2010; Frankowski & Bocchini, 2010; Frankowski & Weiner, 2002). In cases that involve head lice, as in all school health issues, it is vital that the school nurse prevent stigmatizing and maintain the student's privacy as well as the family's right to confidentiality (Gordon, 2007).

STANDARD

The school nurse will examine the head of any child suspected of having a live lice infestation and notify the parent/guardian. Head lice are not a health hazard or a sign of being unclean and are not responsible for the spread of disease (Frankowski & Weiner, 2002). Positive lice are not a public health emergency. Lice cannot hop or fly; they crawl. Transmission in most cases occurs by direct contact with the head of another infested individual (Chunge, et al. 1991).

Children returning to school after treatment for head lice will be examined by the school nurse to verify absence of live lice prior to entering the classroom.

Presence of nits does not indicate active infestation and no evidence is found that the presence of nits correlates with any disease process (Scott, Gilmer, Johannessen, 2004). Other studies show that lice are not highly transferable in the school setting (Hootman, 2002) and no outbreaks of lice resulted when allowing children with nits to remain in class (Scott, Gilmer & Johannessen, 2004). Nurses will perform targeted pediculosis screenings based on the affected student's known close contacts and family members. Whole class screenings for nits alone have not been proven to be effective and will only be performed based on multiple live lice infestations found in a single class (CDC, 2010; Frankowski & Weiner, 2002).

PROCEDURE

Upon notification of suspected cases of head lice, the school nurse will examine the student.

- An infestation will be determined by looking closely through the hair and scalp for viable nits or live lice. Lice and nits (dirty-white to gray colored eggs attached to the hair shaft) are visible to the naked eye. Nits that are farther than 1/4 inch (hair growth takes time) are either empty or dead.
- The nurse will determine the severity of the infestation (live lice or just nits) and the parent/guardian will be notified via phone, email, and/or a note sent home with the student (see "Head Lice Screen Information for Parents"). Based on the infestation, the nurse will determine if the child is so uncomfortable that they should go home or if the child can remain in school. The parent/guardian will be provided with information on biology of head lice, methods to eliminate infestation, and directions to examine household contacts for lice and nits and that the student must check in first with the school nurse upon returning to school the next day.

Continued on following page:

If only nits are detected, the student will remain in his/her classroom for the remainder of the school day.

- The school nurse will perform a targeted screening of the students most likely to have had direct head to head contact with the affected student (especially recent sleepovers). Parents/guardians will be referred to their health care provider for follow up if there are positive findings, or lice are resistant to treatment. If three or four students in one class are affected, all classmates will be checked by the nurse. A class wide alert, at nurse's discretion via paper, e-mail will be sent home (see "Notes from the Nurse" classroom letter).

UPON STUDENTS RETURN TO SCHOOL:

- Examine student's hair for presence of lice at the beginning of school. Student is required to be live lice free to return to school the next day.
- Allow student to remain in school if no presence of live lice. A student may remain in school if only nits are found.

ADDITIONAL INFORMATION RELATING TO HEAD LICE

- Parents/guardians will be encouraged to verify treatment as soon as possible after notification. Parents will be given instructions on how to check their child's hair daily for at least 2-3 weeks after discovery. Removing nits EVERY day for 3 weeks is the most effective treatment.
- Students will be discouraged from direct head to head contact with other students. The school nurse will provide education to staff regarding how to handle nits and/or live lice in the classroom, as needed.
- The most common means of transmission is through physical/direct (head to head) contact. Indirect transmission is uncommon, but may occur from shared combs, brushes, hats, and hair accessories that have been in contact with an infected person. Schools are not a common source of transmission. Lice prefer clean hair because it is easier to attach to the hair shaft to lay their eggs.
- **Staff will maintain the privacy of students** identified as being infected with head lice.
- The school nurse is the key health professional to provide education and anticipatory guidance to the school community regarding best practice guidance in the management of pediculosis. The school nurse's goals are to facilitate an accurate assessment of the problem, contain infestation, provide appropriate health information for treatment and prevention, prevent overexposure to potentially hazardous chemicals, and minimize school absence.

Back to School Info on Headlice

Dear Parent or Guardian:

As your child's school nurse, I want to welcome your child back to school for what promises to be a productive and exciting new school year. I also want to make you aware of a "pesky" situation that impacts schools around the country, often as the school year begins. **Pediculosis, or head lice**, is a condition that each year affects approximately 6 to 12 million children between the ages of 3 and 12 years of age, and about 1 in every 100 elementary school children. Head lice are parasites that are generally found on the scalp, around the ears, and at the back of the neck. The adult louse is about the size of a sesame seed, and may be the color of your child's hair. Eggs, or nits, are smaller and silver in color.

Head lice are not a sign of poor hygiene and they do not transmit disease. Lice do not hop, jump, or fly, and the only way they get from person-to-person is by direct contact with infested hair (most common) or by sharing personal items such as combs, brushes, or caps (less common).

The most common symptom of head lice is itching and head scratching, particularly at night. Red bite marks or sores may also be noticed on the scalp. If you suspect that your child has head lice, please contact your health care provider or school nurse. Safe and effective products to treat head lice are available both over the counter and by doctor's prescription. It is important to follow the directions carefully. In addition, use a fine-tooth comb or special metal nit comb to help remove the eggs (nits) from the hair. You can also check your child's scalp weekly when the hair is wet to see if there are any new head lice. Parents should also wash all recently worn clothing, hats, used bedding, and towels in hot water or dry-clean. Personal care items such as combs, brushes and hair clips should also be washed in hot water. Toys, such as stuffed animals, can be put into a tightly closed plastic bag for 14 days or placed in a hot dryer for 30 minutes to kill the lice.

My goal as school nurse is to provide you with the information you need to safeguard your child's health, and ensure that his or her education is not disrupted, but remains the most positive experience possible. I hope you find this information useful, and I send best wishes to your child for a rewarding school year.

For a healthy school,

School Nurse

School

Phone

HEAD LICE SCREENING INFORMATION for Parents/Guardians

Dear Parent/Guardian,

Your child _____ was screened at school for head lice.

_____ Live lice were discovered
_____ Nits (eggs) were discovered

The Chelsea Public School Protocol states that:

1. If live lice were found, treatment is indicated. Students are **excluded** from school until they are **live lice free**. **After your student has been treated for head lice**, they may return to school. Please bring your student to the nurse's office upon returning to school for re-examination.
2. Parent/Guardian will continue with examination and removal of nits (using a special fine-toothed metal nit comb or by hand) on a daily basis until the hair is nit free. **Check daily for 2-3 weeks to avoid re-infestation.**

What are they?

Head lice are insects that live on the human scalp and feed on blood. They are a nuisance, but not a medical emergency. Head lice hatch from small eggs (nits) that are attached with cement-like substance to the shaft of individual hairs. Eggs hatch in about 10-14 days. Once hatched, the head lice mature in less than 2 weeks.

Common Findings:

- Head lice are not a sign of uncleanliness. They love clean hair because they can hold onto it better.
- Lice do not hop, jump or fly; the only way they get from person to person is direct contact with infested hair.

Signs and Symptoms:

- Itching of skin where lice feed on the scalp, neck or complaints about itchiness.
- Nits may be glued to hair, mostly seen behind ears and at nape of the neck.
- Scratching behind ears and nape of neck.

MANAGEMENT:

- Consult with your healthcare provider for over-the-counter medications (pediculocides) that kill head lice and nits. Use exactly according to the instructions.
- Remove the nits by combing them out with a special metal fine-toothed comb because nits do not wash out.
 - Infested articles (hats, bedding, and pillows) that can be washed should be cleaned with hot water and dried on the hot setting.
 - Thoroughly vacuum mattresses, rugs, and upholstered furniture.
 - Wash combs and brushes in a shampoo approved to kill lice, or soak in hot water (≥ 128 degrees) for at least 5 minutes.
 - Put nonwashable items (furry toys or pillows) in a hot dryer for 20 minutes or dry clean them.
 - Seal items that cannot be washed or dried in a plastic bag for 10 days (any lice or eggs present will die in this time).

School Nurse

School

Phone

Parent Contacted YES _____ NO _____

Comments: _____ Date _____

Notes from the Nurse

Date _____

There have been some recent confirmed cases of head lice in your child's classroom. At the present time, we believe the situation is under control. The school nurse encourages parents to check their child. If you look closely at the scalp and see small, pear/gray eggs firmly attached to the hair shaft, your child has nits (eggs) and may also have live crawling lice, so look carefully. Nits (eggs) are found on hairs at the crown of the head, at the nape of the neck and behind the ears, but they may be laid anywhere on the scalp. Sometimes dandruff and hair products look similar so if you are not sure, ask the nurse.

Lice do not cause disease or infection, but they are a nuisance! Lice do not hop, jump or fly; they are transmitted directly from person-to-person (most commonly), or indirectly through personal objects such as hairbrushes, hats, scarves, clothing, sheets, and pillowcases. Away from people, head lice can live for only a short time; they must have a human head in order to survive and hatch eggs.

Lice and their nits can become resistant to available lice treatments if they are not used exactly according to the product label. Never divide a bottle of lice shampoo between family members and always do the second shampooing (usually 7-10 days later) as directed. Re-infection may occur if even one viable nit remains on the hair shaft. After treatment, nits are removed by scraping them off the entire length of the hair. Special fine-tooth combs are available, and it is common to "nit pick" through the hair after treatment to remove the nits. **Children with head lice may return to school once they have been treated and are live lice free, but need to stop by the nurse's office for a head check.**

10 Steps to Staying Ahead of Lice

1. Watch for signs of head lice, such as frequent head scratching.
2. Check all family members for lice and nits (lice eggs) at least once a week. It helps to use natural light and a magnifying glass.
3. If you find lice, consult with your physician for a recommendation of a lice product found at your drug store or the pharmacy section of your food store. Treat only family members with nits/lice.
4. Consult with your doctor first if you are pregnant, nursing or allergic to weeds, plants, etc. Never use a lice product on a baby or children under 2 years of age.
5. Follow package directions carefully. Use the product over the sink (not in the tub or shower). Keep the eyes covered with a washcloth.
6. After using treatment, removal of nits (they stick to hair even after treatment) is the most important step. Use metal nit comb to pry nits off hair shaft. This is essential! Apply hair conditioner to wet hair for easy comb-out.
7. Wash sheets and recently worn clothing in hot water and in a hot dryer. Combs and brushes may be soaked in hot (not boiling) water for 10 minutes.
8. Vacuuming is the safest and best way to control lice on mattresses, rugs, furniture and stuffed animals. Chemical sprays are not necessary.
9. **Continue to comb hair out** to check for remaining nits for 2-3 weeks to make sure head lice are gone. This is tedious work, but it is the best way to control lice. **Tip: It is easier to comb and check hair when it is wet with some conditioner left in.**
10. When you find a case of lice, tell others. Kindly call your child's school or daycare. Notify neighborhood parents and parents of children your child has recently been in contact with (especially sleepovers). We know that even the best of families can catch lice, and most of us who are parents have been through it at least once ourselves.

If you have any further concerns, please feel free to contact me. Thank you.

Nurse _____ School _____ Phone _____

RESOURCES

- American Academy of Pediatrics. (2010). *Policy statement: Clinical report head lice*. Retrieved from <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;126/2/392>.
- American School Health Association. (2005). *School policies in the management of Pediculosis*. Retrieved from: <http://www.ashaweb.org/files/public/resolutions/pediculosis.pdf>.
- Center for Disease Control and Prevention. (2010). *Head lice information for schools*. Retrieved from <http://www.cdc.gov/parasites/lice/head/index/html>.
- Chung, R.N., et al. (1991). A pilot study to investigate transmission of head lice. *Canadian Journal of Public Health*, 82, 207-208.
- Frankowski, B.L., & Bocchini, J.A. (2010). Committee on School Health American Committee on Infectious Disease, Academy of Pediatrics. Clinical report: Head lice. *Pediatrics*, 126(2), 392-403.
- Gordon, S. (2007). Shared Vulnerability: A theory of caring for children with persistent head lice. *The Journal of School Nursing*, 23 (5) 283-292. doi: 10.1177/10598405070230050701
- Hootman, J. (2002). Quality Improvement Projects Related to Pediculosis Management. *Journal of School Nursing*, 18(2) 80-86.
- Massachusetts Department of Public Health. (2007). Pediculosis (Head Lice). *The Comprehensive School Health Manual*, (8), 56-58.
- National Association of School Nurses. (2011). *Position Statement: Pediculosis in the School Setting*. Retrieved from <http://www.nasn.org/default.aspx?tabid+237>.
- National Guideline Clearing house. (2008). *Guidelines for the diagnosis and treatment of Pediculosis capitis (head lice) in children and adults*. Retrieved from http://www.guidelin.gov/summary/summary.aspx?doc_id+12784&nbr=00658&string=Pediculosis.
- Pollack, R. (2009). Head Lice information. Statement from the Harvard School of Public Health. Retrieved from <http://www.hsph.harvard.edu/headlice.html>.
- Pollock, R. J. (2010). *How many people are infested with head lice?*



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Head Lice Protocol

Purpose

To contain infestation of head lice among the school age population while maximizing students' academic performance and minimizing absences due to unnecessary exclusion of students using nursing/medical best practices. The American Academy of Pediatrics and the National Association of School Nurses no longer endorse a "No Nits" policy in schools. Exclusion is not an effective tool in reducing lice outbreaks (CDC, 2010; Frankowski & Bocchini, 2010; Frankowski & Weiner, 2002). In cases that involve head lice, as in all school health issues, it is vital that the school nurse prevent stigmatizing and maintain the student's privacy as well as the family's right to confidentiality (Gordon, 2007).

Standard

The school nurse will examine the head of any child suspected of having a live lice infestation and notify the parent/guardian. Head lice are not a health hazard or a sign of uncleanliness and are not responsible for the spread of disease (Frankowski & Weiner, 2002). Lice are not a public health emergency. Lice cannot hop or fly; they crawl. Transmission in most cases occurs by direct contact with the head of another infested individual (Frankowski & Bocchini, 2010).

Children returning to school after treatment for head lice will be examined by the school nurse to verify absence of live lice prior to entering the classroom.

Presence of nits does not indicate active infestation and there is no evidence that the presence of nits correlates with any disease process (Scott, Gilmer, Johannessen, 2004). Other studies show that lice are not highly transferable in the school setting (Hootman, 2002) and no outbreaks of lice resulted when allowing children with nits to remain in class (Scott, Gilmer & Johannessen, 2004). Whole class screenings for nits alone have not been proven to be effective (CDC, 2010; Andresen & McCarthy, 2009).

Procedure

Upon notification of suspected cases of head lice, the school nurse will examine the student.

- An infestation will be determined by looking closely through the hair and scalp for viable nits or live lice. Lice and nits (dirty-white to gray colored eggs attached to the hair shaft) are visible to the naked eye. Nits which are farther than ¼ inch from the scalp are not



considered viable because eggs are laid at the scalp and the life cycle is short, therefore, any remaining nits beyond 1/4 inch (hair growth takes time) are either empty or dead.

- The nurse will determine the severity of the infestation (live lice or just nits) and the parent/guardian will be notified via phone, email, and/or a note sent home with the student (see “Head Lice Screen Information for Parents”). Based on the infestation, the nurse will determine if the child is so uncomfortable that they should go home or if the child can remain in school. The parent/guardian will be provided with information on biology of head lice, methods to eliminate infestation, and directions to examine household contacts for lice and nits and that the student must check in **first** with the school nurse upon returning to school the next day.
- If only nits are detected the student will remain in his/her classroom for the remainder of the school day. Parents will be notified and provided with treatment information as above.
- The school nurse, at his/her discretion, may perform a targeted screening of the students most likely to have had direct head to head contact with the affected student (especially recent sleepovers). Parents/guardians will be referred to their health care provider for follow up if there are positive findings, or lice are resistant to treatment. If multiple students in one class are affected, at the nurses’ discretion, classmates will be checked and at the nurses discretion notification letters will be sent home.

Upon Student’s Return to School

- Examine student’s hair for presence of lice upon arrival to school accompanied by a parent. Student is required to be **live lice free** in order to return to school the next day.
- Allow student to remain in school if no presence of live lice. A student may remain in school if only nits are found.

Additional Information Relating to Head Lice

- Parents/guardians will be encouraged to verify treatment as soon as possible after notification. Parents will be encouraged to check their child’s head daily for at least 2-3 weeks after discovery. Removing nits EVERY day for 3 weeks is the most effective treatment.
- Students will be discouraged from direct head to head contact with other students. The school nurse will provide in-service education to staff regarding how to handle nits and/or live lice in the classroom.
- The most common means of transmission is through physical/direct (head to head) contact. Indirect transmission is uncommon but may occur from shared combs, brushes, hats, and hair accessories that have been in contact with an infested person *Schools are not a common source of transmission*. Lice prefer clean hair because it is easier to attach to the hair shaft to lay their eggs.
- Staff will maintain the privacy of students identified as being infected with head lice.

- The school nurse is the key health professional to provide education and anticipatory guidance to the school community regarding best practice guidance in the management of pediculosis. The school nurse's goals are to facilitate an accurate assessment of the problem, contain infestation, provide appropriate health information for treatment and prevention, prevent overexposure to potentially hazardous chemicals, and minimize school absence.

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American School Health Association. (2005). School policies in the management of Pediculosis. Retrieved from: <http://www.ashaweb.org/files/public/resolutions/pediculosis.pdf>.

Andresen, K., & McCarthy, A.M. (2009). A policy change strategy for head lice management. *The Journal of School Nursing*, 25 (6) 407-416. doi:10.1177/1059840509347316.

Centers for Disease Control and Prevention. (2010). Head lice information for schools. Retrieved from <http://www.cdc.gov/parasites/lice/head/index/html>.

Chunge, R.N., et al. (1991). A pilot study to investigate transmission of head lice. *Canadian Journal of Public Health*, 82, 207-208.

Frankowski, B.L., & Bocchini, J.A. (2010). Committee on School Health American Committee on Infectious Disease, Academy of Pediatrics. Clinical report: Head lice. *Pediatrics*, 126(2), 392-403.

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Gordon, S. (2007). Shared Vulnerability: A theory of caring for children with persistent head lice. *The Journal of School Nursing*, 23 (5) 283-292. doi: 10.1177/10598405070230050701

Hootman, J. (2002). Quality Improvement Projects Related to Pediculosis Management. *Journal of School Nursing*, 18(2) 80-86.

Humphreys, Elizabeth et. al. (2008). Outcomes of the California Ban on Pharmaceutical Lindane: Clinical and Ecological Impacts. *Environmental Health Perspectives*, 116(3), 297-302.

Massachusetts Department of Public Health. (2007). Pediculosis (Head Lice). *The Comprehensive School Health Manual*, (8), 56-58.

National Association of School Nurses. (2011). Position Statement: Pediculosis in the School Setting. Retrieved from <http://www.nasn.org/default.aspx?tabid+237>.

National Guideline Clearinghouse. (2008). Guidelines for the diagnosis and treatment of Pediculosis capitis (head lice) in children and adults. Retrieved from http://www.guideline.gov/summary/summary.aspx?doc_id+12784&nbr=00658&string=Pediculosis.

Pollack, R. (2009). Head Lice information. Statement from the Harvard School of Public Health. Retrieved from <http://www.hsph.harvard.edu.headlice.html>.

Pollock, R. J. (2010). How many people are infested with head lice? Retrieved from: <https://identify.us.com/head-lice/head-lice-FAQS/how-many-people-infested.html>

Pollack R.J., Kiszewski A.E., Spielman A., (2000). Over diagnosis and consequent mismanagement of head louse infestations in North America. Pediatric Infectious Disease Journal. 2000 (8):689-93.

Williams, L.K., et al (2001). Lice, Nits, and School Policy. Pediatrics, 107 (5), 1011-1015.

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