



HEAD LICE: GUIDING PRINCIPLES FOR SCHOOL POLICY

GENERAL CONTROL MEASURES IN SCHOOLS	
RECOMMENDATIONS	RATIONALE
<p>Routine classroom or school-wide screening for head lice is not recommended</p> <p>The American Association of Pediatrics, the National Association of School Nurses, and the Centers for Disease Control and Prevention advocate that "no-nit" policies should be discontinued.</p> <p>Provide parent education program in the management of head lice in the school setting.</p> <p>School personnel involved in detection of head lice infestation should be properly trained.</p>	<p>The American Academy of Pediatrics discourages head lice screenings, which have not been proven to have a significant effect over time on the incidence of head lice in the school setting and are not cost effective. Children should be checked only when demonstrating symptoms of head lice.</p> <ol style="list-style-type: none"> 1. Egg cases farther from the scalp are easier to discover, but these tend to be empty (hatched) or nonviable and, thus, are of no consequence. 2. Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people. 3. The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice. 4. Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel. <p>Head lice are not a medical or public health hazard as they are not known to spread disease. However, parents may have misconceptions and prejudices, which place pressure on school staff. Educating and supporting the child and parent with factual, nonjudgmental information is better than having policies and practices driven by misinformation.</p> <p>The diagnosis of a head lice infestation is best made by finding a live nymph or adult louse on the scalp or hair of a person. Because nymphs and adult lice are very small, move quickly, and avoid light, they can be difficult to find. The diagnosis should be made by a health care provider or other person trained to identify live head lice.</p>
INDIVIDUAL CASE MANAGEMENT	
RECOMMENDATIONS	RATIONALE
<p>A child with an active head lice infestation should remain in class but be discouraged from close direct head contact with others.</p> <p>Notify parent or guardian by telephone or by having a note sent home with the child at the end of the school day stating that prompt, proper treatment of this condition is in the best interest of the child and his or her classmates.</p> <p>Maintain confidentiality when a child is diagnosed with head lice.</p>	<p>A child with an active head lice infestation has likely had the infestation for 1 month or more by the time it is discovered and poses little risk to others from the infestation.</p> <p>The school can be most helpful by making available accurate information about the diagnosis, treatment, and prevention of head lice in an understandable form. Information sheets in different languages and visual aids for families with limited literacy skills should be made available by schools</p>
CRITERIA FOR RETURN TO SCHOOL	
RECOMMENDATIONS	RATIONALE
<p>Students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun.</p>	<p>Nits may persist after treatment, but successful treatment should kill crawling lice.</p> <p>Do not check for nits (dead or alive) or enforce a no-nit policy for those who have been treated. It is not productive.</p>

<http://www.health.ri.gov/publications/protocols/HeadLice.pdf>

<http://www.health.ri.gov/for/schools/#lice>

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 DEPARTMENT OF HEALTH



Safe and Healthy Lives in Safe and Healthy Communities

HEAD LICE - PRINCIPLES THAT SHOULD GUIDE SCHOOL POLICIES

USEFUL INFORMATION	BASED ON CURRENT MEDICAL KNOWLEDGE, THE FOLLOWING STEPS ARE SAFE AND EFFECTIVE PROTOCOLS
<ul style="list-style-type: none"> ▪ One of the worst problems of head lice is adult attitudes. 	<ol style="list-style-type: none"> 1. A single round of mass screening (lice checks) is recommended in Sept-Oct to detect children entering school with infestation,
<ul style="list-style-type: none"> ▪ Having head lice is not a serious medical condition. 	<ol style="list-style-type: none"> 2. These children should be sent home at the end of the day with an educational pamphlet on lice and nits for the parent, and detailed instructions for two-step (optionally day 0 and day 7 to 10) home treatment and nit removal.
<ul style="list-style-type: none"> ▪ Over treatment with lice treatment shampoos is more serious than head lice. 	<ol style="list-style-type: none"> 3. These children may return to school as soon as the first treatment is completed.
<ul style="list-style-type: none"> ▪ Irrational reactions to head lice can lead to fumigating classrooms, school buses, etc.. This is expensive and unnecessary 	<ol style="list-style-type: none"> 4. Do not check for nits (dead or alive) or enforce a no-nit policy for those who have been treated. It is not productive.
<ul style="list-style-type: none"> ▪ Much information about head lice is based on old, unproven information generated more than 80 years ago, some of it propagated by the companies who profit from the sale of lice shampoos and sprays 	<ol style="list-style-type: none"> 5. Repeated rounds of mass screening are not recommended.
<ul style="list-style-type: none"> ▪ Direct physical head to head contact is the usual method of transmission. 	<ol style="list-style-type: none"> 6. During the course of the school year, children will be brought to the notice of the school nurse as suspected cases of head lice from a variety of sources (teachers, students, other parents and affected children themselves). Repeat steps 2, 3, and 4 with these children.
<ul style="list-style-type: none"> ▪ Transmission via clothing, hats, furniture, carpets, school bus seats and other objects is not likely because of the biology of head lice. 	<ol style="list-style-type: none"> 7. If a child does have live lice on his/her head, the possibility of transmission to others has already been present for at least a month before any symptoms or detection was possible. To IMMEDIATELY EXCLUDE that child, especially if the child will just be sitting somewhere else in the school, CANNOT BE JUSTIFIED from either a medical, nursing or social perspective, and sends a negative message to the child.
<ul style="list-style-type: none"> ▪ Lice are fragile, and the chances of being passed on hats and combs are low. 	<ol style="list-style-type: none"> 8. In the rare event of a major uncontrolled transmission situation, implement a protocol for aggressive control. Components of such a protocol should include notification of parents of all children in the school to educate them about lice and to watch their children for infestation. Implement environmental measures such as separating headgear and jackets. Ensure treatment is completed prior to having children return to school for diagnosed cases of infestation.

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USEFUL INFORMATION	BASED ON CURRENT MEDICAL KNOWLEDGE, THE FOLLOWING STEPS ARE SAFE AND EFFECTIVE PROTOCOLS
<ul style="list-style-type: none"> ▪ Carpets, furniture and pets are not sources of infestation 	<p>9. Never tell a parent to treat "just in case". The shampoos can be toxic and may cause real health problems.</p>
<ul style="list-style-type: none"> ▪ There is no significant relationship between hair length or personal cleanliness and transmission. 	<p>10. Parents may have misconceptions and prejudices, which places pressure on school staff. As with any health condition, educating and supporting the child and parent with factual, non-judgmental information is better than having policies and practices driven by misinformation.</p>
<ul style="list-style-type: none"> ▪ It is unlikely that a nit on a stray hair shaft will hatch because the only optimal conditions exist on the human head. 	
<ul style="list-style-type: none"> ▪ Stray lice that fall off a head are either injured or dying and incapable of causing a new infestation. 	
<ul style="list-style-type: none"> ▪ In time, inbreeding of lice on a person's head causes them to die spontaneously, that's why kids do not become covered with them. It is a self-limiting condition. 	
<ul style="list-style-type: none"> ▪ It is possible to tell whether treatment has been successful by the appearance of the eggs. 	
<ul style="list-style-type: none"> ▪ CONSIDERING THE AVERAGE CASE OF HEAD LICE IS 3-4 MONTHS OLD BEFORE IT IS DETECTABLE, A STRICT NO-NIT POLICY IS NOT NECESSARY OR EFFECTIVE AND ONLY DEPRIVES CHILDREN OF EDUCATIONAL TIME. 	
<ul style="list-style-type: none"> ▪ Although schools, day care centers, etc. are often blamed for head lice outbreaks, it is the family unit that maintains cases leading to outbreaks in schools. 	
<ul style="list-style-type: none"> ▪ African Americans rarely get hair lice. 	