SCOTTSBLUFF PUBLIC SCHOOLS
PROCEDURE FOR HEAD LICE DETECTION AND MANAGEMENT AT SCHOOL

1. **When a student is found to have <u>live</u> lice and/or nits:**
    a. The parent/guardian is notified and information related to detection and elimination of head lice will be provided at that time or sent home with the student in a sealed envelope.
    b. The student is not sent home from school, however it is acceptable if the parent/guardian picks up the student.
    c. The parent/guardian is instructed that the student should be treated before returning to school and that nits should be removed.
    d. When the student returns to school, the school health staff is to confirm that treatment has been completed. If live and/or nits are found, the parent is notified to keep nit-picking and combing.
    e. Follow up head checks may be done by school staff to confirm lice management efforts. If future checks reveal an increased number of nits present or it is obvious to the screener that the student's hair has not been treated, the parent/guardian will be contacted for follow-up and support.

2. **When to check beyond the identified student with live lice or nits:**
    a. If the student has siblings in the building and/or other buildings in the district, then the sibling(s) are to be checked.
    b. Full classroom screenings for head lice or nits will not be done, unless otherwise determined by school nurse and/or building administrator.

3. **Classroom Environment:**
    a. Notify the custodian to vacuum the affected classroom and all upholstered furniture within.
    b. Stuffed animals and pillows can be bagged for two weeks.
    c. No environmental pesticide treatments are to be used.
    d. Encourage students to avoid sharing hats, combs, coats, pillows, or other personal items.
    e. The school nurse and/or building administrator can use professional judgment to determine when unusual measures are necessary to respond to extraordinary cases.

4. **Notification Procedures:**
    a. The customary notification for the presence of head lice is to be done on an individual/case by case basis to the parent/guardian of the infested student. Classroom notifications are not done with typical head lice cases.
    b. At the preschool, when a classroom has 20% of students at one time identified with active head lice, a building-wide letter will be sent to parents/guardians of students in the school.
    c. At the elementary level, when a classroom has 20% of students at one time identified with active head lice, a grade level letter will be sent to parents/guardians of students in that grade level.
    d. At the elementary level, when two classrooms of different grade levels reach 20% of students at one time identified with active head lice, a building-wide letter will be sent to parents/guardians of students in the school.

5. **Exclusion Procedure Support:**
    a. In the rare case that a student has either: 1) chronic head lice infestation or 2) severe head lice infestation that is disruptive to the learning environment, the school nurse will be consulted.
    b. If in the nurse's professional judgment it is determined that exclusion needs to be considered, the nurse will consult with the administrator about implementing exclusion. This measure will be taken with careful consideration:
        i. With chronic head lice infestation cases, the nurse will secure documentation of repeated and unsuccessful head lice management measures.

ii. The return of the student after exclusion will be predicated on a head check with evidence of progress in head lice management and progress toward eradication of the head lice. Evidence will look like elimination of live lice and a decrease in the number of nits.
iii. It may be appropriate in the judgment of the school nurse to monitor progress of lice management over a period of time. The goal is supporting the family in head lice eradication.

General Control Measures in Schools	
Recommendations	**Rationale**
Routine classroom or school-wide screening for head lice is not recommended.	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.
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.	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 if very common during nit checks conducted by nonmedical personnel. 5. Research has shown that the survival of head lice when not on the head is usually less than one day and the eggs can only hatch when incubated by body heat found near the scalp.
Provide parent education program in the management of head lice in the school setting.	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.
School personnel involved in detection of head lice infestation should be properly trained.	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.
Individual Case Management	
Recommendations	**Rationale**
A child with an active head lice infestation should remain in class but be discouraged from close direct head contact with others.	A child with an active head lice infestation has likely had the infestation for one month or more by the time it is discovered and poses little risk to others from the infestation. Transmission occurs primarily through head-to-head contact and infrequently through indirect contact with shared belongings. It is the position of the National Association of School Nurses (NASN), the Center for Disease Control and Prevention, and The American Pediatric Association that the management of head lice in the school setting should not disrupt the educational process.
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.	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.

Maintain confidentiality when a child is diagnosed with head lice.	
Criteria for Return to School	
Recommendations	**Rationale**
Students diagnosed with live 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.	Nits may persist after treatment, but successful treatment should kill crawling lice. Do not check for nits (dead or alive) or enforce a no-nit policy for those who have been treated. It is not productive.

Head Lice: Guiding Principles for School Policy. Rhode Island Department of Health. Divisions of Infectious Disease and Epidemiology, November 18, 2014.

LICE 101: MYTHS and REALITIES ABOUT HEAD LICE

Definitions	
Lice: more than one louse.	**Nit**: Eggs, dead or alive, of a louse
Louse: Small insect that lives on the scalp.	**Parasite**: Lives off another, in this case the blood of humans
Pediculosis: Having an infestation of lice.	**Infestation**: Having an insect present, in this case, in your hair.
MYTHS	**TRUTHS**
Head lice are easy to get.	Lice are spread only mainly by head-to-head contact. They are much harder to get than a cold, flu, ear infection, pink eye, strep throat, food poisoning, or impetigo.
You can get lice from your dog, guinea pig, or other animal.	Lice are species-specific. You can only get human lice from another human. You cannot get another animal's lice.
You can get head lice from hats and helmets.	Rarely, but possible. Hairbrushes, pillows, and sheets are also uncommon modes of transmission.
School is a common place for lice transmission.	School is an unlikely source of transmission. Much more common are family members, overnight guests, and playmates who spend a large amount of time together.
Poor hygiene contributes to lice.	Hygiene makes absolutely no difference. You get lice by close personal contact with someone else that has lice, not by being dirty.
Lice can jump or fly from one person to another.	Lice can only crawl. They can neither fly or jump. They must crawl from one person to another.
Any nits left in the hair can cause lice to come back.	Any nits farther away than one quarter to one half on the hair shaft are ALREADY HATCHED and pose no risk to others.
Eggs or nits can fall out of the hair, hatch, and cause lice in another person.	Nits are cemented on the hair and very hard to remove. They cannot fall off. Newly hatched lice much find a head quickly or will die.
Lice can live a long time.	Lice live only 1-2 days off the head. Each louse only lives about 30 days on the head.
All members of a family should be treated if one person has lice.	Only the person with lice should be treated. Lice shampoos are INSECTICIDES and can be dangerous if used incorrectly or too frequently. Household members and close contacts should be checked, but only treat those who actually have lice. The house should NOT be sprayed with insecticide, nor used on clothing or other items.
Checking a classroom when one student has lice can prevent lice from spreading.	Classroom transmission is EXCEEDINGLY RARE and checking students is a waste of valuable teaching time. Checking family members and close playmates is much more appropriate.
Avoiding lice is important as they spread disease.	Head lice do not spread any known disease. They are annoying and irritating, but not dangerous.

Pontius, Deborah J. (2014). Demystifying Pediculosis: School Nurses Taking the Lead. *Pediatric Nursing 40(5),* 226-235.