

DuPage County Health Department School Health Program

Position on Pediculosis in the School Setting

111 North County Farm Road Wheaton, IL 60187-3988

Telephone: (630) 682-7400 • www.dupagehealth.org

Rationale:

- Head lice or pediculosis is not an infectious disease. In most cases, lice do not result in health complications; however, they are often the source of anxiety, frustration, and stigma for children and families. Approaches to head lice should take both the scientific knowledge and public expectations into consideration.
- According to research done by the Harvard School of Public Health, head lice are often misdiagnosed, over-treated, and a cause for frequent absenteeism- thus an unnecessary interruption of the education process.
- The most recent guidance recommends a change in approach to lice. It suggests that efforts should focus on correct identification and appropriate (not over-treatment) of active lice infestations. Attention to nits and extreme environmental cleaning measures have shown to be less effective and less important in the control and prevention of lice outbreaks. Due to the environment and activities associated with schools, especially related to older grades, schools should not be the only focus of prevention activities and are not often the environment where lice transmission is most likely.
- Although nits (lice eggs) are not communicable between person to person, when identified properly, they can be used as an indicator of live lice infestation or past infestation since live lice can often be difficult to see on the head.

Position:

The Dupage County Health Department does not establish or regulate the head lice policies established by each school or district. The Health Department ultimately supports the school's policy concerning head lice but seeks to inform recommendations and guidance based on the following principles:

- No healthy child should be excluded from school or sent home early solely because of observed or suspected head lice or nits. Letters to parents may be warranted when number of lice cases exceeds an expected number; the school policy for sending letters for lice should be consistent with that of sending letters home for other common childhood conditions.
- Ideally, lice education in a number of formats would be available to parents throughout the year on regular intervals (ie. Notice in newsletter at the beginning of a school year, a poster presentation before Christmas break near the front office, notice on the school website, etc.). Education about lice can also be incorporated in classroom curriculum (science, health, etc.) in order to reduce stigma and increase education of all parties.
- If nits alone are found on a child, the health professional should re-examine child or recommend that the parent check the child in a week to 10 days. Nits may be a sign of a current infestation and consideration should be given to the need for a treatment if other signs and symptoms are present without the visualization of live lice due to hair characteristics, ability of the child to undergo a head check and speed of the lice traveling on the head. Combing or a pediculocide that kills lice eggs could be used, based on the health professional and parent judgment and distance/location of nits from the scalp and on the head (nits more than ¼ inch are often a sign of a past infestation and not an active infestation).
- If a child is found with evidence of active head lice, a school health professional should notify a parent/caregiver by the end of the day of the infestation.
- School and early childhood health professionals should provide information on the biology of head lice, treatment, and prevention (including over-the-counter pediculocidal shampoos and/or manual

removal of lice and eggs) to parents/guardians of children with lice infestations. Information from the DuPage County Health Department and the Centers for Disease Control (www.cdc.gov).

- The child can return to school after evidence of treatment or manual removal of live lice (even if nits remain). Progress in removal of nits and treatment (less or no nits found, discussion with parent about methods used, etc.) can be checked by a school health professional upon entry to school to help ensure a reduction in potential lice transmission in the school setting. Monitoring for signs of re-infestation in 7-10 days is suggested.
- School-wide or classroom-wide checks or screenings are not recommended as a check at one point in time can create false assurance that children are lice or nit free. There may be situations where contacts of the child or checks of clusters of children may need to be checked based on the age of the children and activities of the children in the school setting. The ultimate goal related to checking children's head is that education and training be available for parents to conduct head checks inside the home. Head checks by parents may be less embarrassing to a child and offer time for a more thorough check.
- "No nit" policies for return to school should be discouraged.
- For issues related to shared equipment or supplies, attention can be given to provide a barrier when appropriate between the child and the equipment and the equipment can be cleaned or wiped between use as an additional precaution. Current guidance lists restricting use of headphone or helmet athletic gear as an unjustified response to head lice. In a school setting, many items need to be shared for educational purposes and for appropriate resource allocation. Helping families understand the difference between not sharing personal items (hairbrushes, accessories, hats, etc) and those items meant to be shared (computers, books, equipment) is an important distinction.

General Treatment Information:

- Repetitive and frequent use of pediculocide treatments is not recommended because of the associated hazards and potential resistance. Treatment labels should always be followed.
- If live lice remain after treatment, a second treatment is recommended around 10 days after the first treatment.
- Children should be referred to a physician for repeat (more than 3, in most cases) lice infestations.
- Massive cleaning efforts of the household environment are not recommended. The most effective and time-efficient measures to recommend for parents/guardians are:
 - Check all household members (including adults) of children with live lice
 - Treat household members with head lice and continuing head checks and combing activities as directed through education and guidance materials
 - Launder linens, pajamas, and towels of the infested person; wash hairbrushes/combs in hot water
 - Vacuuming of carpets, furniture, and car seats is usually sufficient to pick-up live lice that may still be surviving in the household environment

Sources:

National Association of School Nurses Position Statement on Pediculosis in the School Community

Harvard School of Public Health Head Lice Information Statement from Richard J. Pollack, PhD and The Harvard School of Public Health Management Scheme for Managing Presumed Head Lice Infestations

The Center for Disease Control and Prevention Fact Sheet: Treating Head Lice