MINNEAPOLIS PUBLIC SCHOOLS
Urban Education. Global Citizens.

Head Lice Standard of Care

Q: Why aren't students with suspected head lice immediately dismissed from school for further treatment? Why can students stay in school if live lice are found after one treatment? Doesn't this put other students at an increased risk for getting head lice?

A: The management of head lice should not disrupt students' access to education per the National Association of School Nurses (NASN), the American Academy of Pediatrics (AAP), and the Minnesota Department of Health (MDH).

In addition, research does not support immediate exclusion as an effective means of controlling transmission. By the time a student is identified as having lice, the student may have been infested for four or more weeks before common symptoms occur (i.e. itching). Identified students are allowed to stay in class and are discouraged from direct head contact with others.

In addition, students with head lice are no more infectious on the day of diagnosis than they had been prior to the discovery of an infestation. Therefore, they pose little additional risk of transmission to others and presumed infestations are commonly misdiagnosed.

It is important to note, lice do not spread disease and are not considered dangerous. Per MDH "When a case of head lice is suspected, parents should be advised at the end of the day to check their children for lice and treat them if the infestation is found. Children with head lice infestations can go to school." Confidentiality is crucial when head lice is suspected.

Q: Why isn't there a "no nits (lice eggs)" policy in place?

A: Finding nits is often easier than finding live lice, but finding them might not represent an active infestation warranting treatment. Training and magnification is often needed to distinguish viable nits from nonviable ones. Viable nits may camouflage themselves with the pigment of the hair color. Whereas, nonviable empty egg casings usually appear white and are easier to spot.

No pediculicide removes nits. Successful treatment kills crawling lice, but nits often persist after successful lice treatment with no risk of further transmission. In addition, nits are cemented to the hair shaft and are very unlikely to be transferred successfully to other people.

Q: Why doesn't the Licensed School Nurse perform routine head lice checks and/or classroom checks when a possible lice infestation has occurred or send notification to families?

A: Head checks in schools and mass screenings of classrooms and/or entire schools is not recommended by the National Association of School Nurses (NASN), the American Academy of Pediatrics (AAP), or the Minnesota Department of Health (MDH). Screenings have not been shown to be cost effective or a particularly useful prevention strategy.

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In addition, NASN does not recommend head lice notification to protect student confidentiality, minimize community anxiety, and avoid unnecessary social stigma for students. Parents/caregivers are encouraged to check their student's heads for head lice on a regular basis throughout the year. Caregivers should not rely on school staff to check for lice per MDH.

Q: What about hearing and vision screening? Are head lice transmitted via headphones? What about helmets?

A: Transmission in most cases occurs by direct contact with the head of an infested individual. Indirect spread through inanimate objects (i.e. combs, brushes, hats, etc.) is much less likely, but may occur rarely.

It is very unlikely to find head lice on items like headphones and helmets because their feet are specially adapted for holding onto human hair and don't attach firmly to smooth or slippery surfaces. In general, it's unlikely to find lice anywhere except on a person's head.

Q: Does my student really need to undergo treatment if no live lice are found and only presumed nits are present?

A: The American Academy of Pediatrics (AAP) recommends not initiating treatment unless there is a clear diagnosis of live head lice.

The Centers for Disease Control (CDC) also agrees the diagnosis of head lice is best made finding a live lymph or adult louse. Finding nits closely attached near the scalp strongly suggestions, but does not confirm, that a person is infested and should be treated.

Health Services will contact the parent/guardian when live lice and/or alleged viable nits are found. The Licensed School Nurse is a resource for the parent/guardian to help make an informed decision about treatment options, if any.

Resources:

Centers for Disease Control and Prevention. (2019, July 17). *Parasites-lice-general information*. Retrieved from https://www.cdc.gov/parasites/lice/head/gen_info/

Devore CD, Schutze GE, AAP, Council on School Health, and Committee on Infectious Disease. (2015, October 1). Head lice. *Pediatrics*, 135(5), e13155-e1365. Retrieved from https://pediatrics.aappublications.org/content/135/5/e1355

Human Services and Public Health- Epidemiology. (2019). *Infectious disease in childcare settings and schools manual.* Retrieved from https://www.hennepin.us/childcaremanual

Minnesota Department of Health. (n.d). *Head lice*. Retrieved from https://www.health.state.mn.us/diseases/headlice/index.html

National Association of School Nurses. (2016). *Head lice management in the school setting* (position statement). Retrieved from https://www.nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-head-lice