**FABENS INDEPENDENT SCHOOL DISTRICT**
**HEALTH SERVICES**

## INFORMATION FOR TEACHERS ON HEAD LICE

1. One of the worst "problems" of head lice is adult attitudes. Head lice are not considered a serious medical condition or a public health threat.
2. Over treatment with lice treatment shampoos is more serious than the head lice.
3. 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 spray.
4. Direct physical head to head contact is the usual method of transmission.
5. Transmission via clothing, hats, furniture, carpets, school bus seats and other objects is not likely because of the biology of head lice.
6. Lice are fragile, and the chances of being passed on hats and combs is unlikely.
7. Carpets, furniture and pets are not sources of infestation.
8. There is no significant relationship between hair length and transmission.
9. Stray lice that fall off a head are either injured or dying and incapable of causing a new infestation.
10. 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 instruction.

Based on nursing knowledge and factual information from an entomologist, the following steps are safe and effective approaches:

1. Refer students to the nurse to confirm treatment. The nurse can check for evidence of nits or live lice.
2. Do not exclude a child with evidence of nits, just because you can see them. The nurse will educate the parent on removal.
3. The nurse will educate parents to avoid misconceptions and overreactions, including punitive measures (such as shaving a student's head).
4. Never tell a parent to treat "just in case". The shampoos can be toxic and may cause real health problems.
5. 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.
6. To immediately exclude the 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 it sends a negative message to the child.

Parents may have many misconceptions, which places pressure on school staff. As with any health condition, educating and supporting the child and parent with factual, nonjudgmental information is better than having policies and practices driven by misinformation. Minimize head to head contact as much as possible in your classrooms if you are concerned about transmission (without embarrassing the student). Exclusion from class or school is not necessary. Refer any anxious student or angry parent to the nurse for further instruction.