

The Richmond County School system is committed to managing pediculosis (infestation of head lice) without disrupting the educational process in accordance with The American Academy of Pediatrics and the National Association of School Nurses.

Procedure

1. Students with suspected head lice should be referred to the school nurse or designated school staff for the scalp and hair to be examined.
2. Treatment for head lice is only recommended if live lice are found. Treatment should be evidence based and all products should be used as directed. There is little scientific evidence regarding the effectiveness of alternative treatments/household remedies in the treatment of lice.
3. If live lice are found or the student has nits within ¼ inch of the scalp, the student will be sent home. The school staff will provide the parent/guardian with information regarding the treatment of head lice and the requirements to return to school.
4. Students will be allowed 1 excused absence for the treatment of head lice per incidence (episode).
5. Upon return to school, the student will be re-examined by school staff. If live lice are found, the student will be sent home and the Health Department will be notified.

**Pediculosis - Head Lice
Evidence Based Information**

- Pediculosis is a public health issue that is brought into the school setting. No disease is associated with head lice, and in-school transmission is considered to be rare (National Association of School Nurses, 2011). Pediculosis should not disrupt the educational process.
- Head lice are spread mainly through head to head contact. They move by crawling; they cannot hop or fly. Human lice cannot be acquired from animals. Personal hygiene or cleanliness has no effect on the spread of head lice.
- Lice typically cannot live for more than 24 hours away from the human host. They cannot live in clothes or carpets. Spread by contact with clothing (such as hats, scarves,

coats) or other personal items (such as combs, brushes, or towels) used by an infested person is uncommon (Centers for Disease Control and Preventions, 2013).

- Students with nits only should not be excluded from school (Frankowski and Bocchini, 2010). Nits are cemented to the base of the hair shaft and cannot “fall” off. Nits that are more than ¼ inch from the scalp are usually not viable and very unlikely to hatch, or may in fact be empty shells, called casing.
- It is the position of NASN, the CDC, and AAP that school screenings, either routine or after an identified classroom case, are not productive, cost-effective, or merited, and are wasteful of education time (CDC, 2013; Frankowski and Bocchini, 2010; NASN, 2011).
- Letters home to parents not only provoke a crisis situation and unjustified panic, but they perpetuate the myth that lice are transmitted in schools (Mumcuoglu et.al, 2007). Such letters also lead to unnecessary use of pediculicides or even to dangerous home remedies.

References/Resources

Centers for Disease Control and Prevention [CDC] (2013). Parasite-Lice-Head Lice. Retrieved from <http://www.cdc.gov/parasites/lice/head/>

Frankowski, B.L. & Bocchini, J.A. (2010). Clinical Reprot-Head Lice. *Pediatrics; Official Journal of the Americian Academy of Pediatrics*. Retrieved from <http://pediatrics.aappublications.org/content/126/2/392.full.pdf+html>

Mumcuoglu, K.B., Barker, F.C., Burgess, I.F., Combescot-Lang, C., Dagleish, R.C., Larsen K.S., Taylan-Ozkan, A. (2007). International guidelines for effective control of head louse infestions. *Journal of Drugs in Dermatology*, 6(4), 409-414.

National Association of School Nurses [NASN] (2011). Pediculosis Management in the School Setting. Retrieved from <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/40/Pediculosis-Management-in-the-School-Setting-Revised-2011>

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