In the CDC's "Head Lice Information for Schools," as updated in September 2013, they provide the following guidance:

> *Students diagnosed with live head 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.*
>
> *Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.*
>
> *Both the American Association of Pediatrics and the National Association of School Nurses advocate that "no-nit" policies should be discontinued. "No-nit" policies that require a child to be free of nits before they can return to schools should be discontinued for the following reasons:*
>
> - *Many nits are more than ¼ inch from the scalp. Such nits are usually not viable and very unlikely to hatch to become crawling lice, or may in fact be empty shells, also known as casings.*
> - *Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.*
> - *The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice.*
> - *Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel.*
>
> *(http://www.cdc.gov/parasites/lice/head/schools.html)*

The National Association of School Nurses (NASN) states the following in their position statement "*Pediculosis Management in the School Setting*":

> *It is the position of the National Association of School Nurses that the management of pediculosis (infestation by head lice) should not disrupt the educational process. No disease is associated with head lice, and in-school transmission is considered to be rare.*
>
> *(http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/40/Pediculosis-Management-in-the-School-Setting-Revised-2011)*

"Pediculosis Management in the School Setting" by the *National Association of School Nurses* gives the following guidance:

> *Pediculosis should not disrupt the educational process. Children found with live head lice should remain in class, but be discouraged from close direct head contact with others. It may be appropriate to screen other children who have had close head-to-head contact with a student with an active infestation…*

…guidelines established for effective control of head lice infestations reinforced that policies that required a student to be free of nits to attend school, known as "no nit" policies, were based on misinformation rather than objective science and were therefore unjust and should be discontinued.

By the time a child with an active head lice infestation has been identified, he or she may have had the infestation for one month or more and, therefore, poses little additional risk of transmission to others.

HEAD LICE MANAGEMENT GUIDELINES AT SCHOOL

Health Guideline Statement:

Head lice are considered a nuisance but they have not been shown to spread disease. When appropriate per individual case, students will be allowed to stay in school and parents will be notified so treatment can start immediately after school hours. If necessary because of extreme cases, the student will be sent home from school to begin treatment immediately.

Procedure:

1. It is a parent's responsibility to regularly check their child's head for head lice.
2. The school nurse and/or designated persons will check for evidence of live lice and/or nit eggs when students have observable problems with their hair, i.e., itching, scaling, dry scalp, dandruff, etc.
3. Individual lice checks will occur in the health office or appropriate location maintaining student's privacy.
4. If live lice and/or nit eggs are found, the student will be allowed to return to class but close head contact with other students will be discouraged. In severe cases of live infestation, the school district does maintain the right to send a child home.
5. An attempt will be made to contact a parent and orally review head lice treatment procedures; written treatment information (see attached) will be sent home with the student at the end of the day.
6. Students will be allowed to come to school the following day if appropriate treatment has begun.
7. At the discretion of the school nurse, notices may be sent home with all of the students in the identified student's classroom to advise them to check for lice and nits in their child's hair.
8. Confidentiality is essential. Only the parent or emergency contact will be notified. It is the parent's responsibility to notify daycare providers, relatives, and/or friends.
9. After treatment, the student may be rechecked in 7-14 days at the discretion of the school nurse. The parent will be contacted and instructions for treatment will be reviewed.
10. If treatment has been unsuccessful and/or if the family needs additional education and guidance, a referral will be made to Public Health.

HEAD LICE TREATMENT GUIDELINES

1. When anyone in the family has lice, check all other members of the family carefully. Treat anyone with nits or lice in the hair.
2. Use any over the counter lice product (A-200 Lice Killing Shampoo, Nix Crème Rinse, Rid Lice Killing Shampoo, Pronto Lice Treatment) or a prescribed shampoo from your doctor. Follow the instruction exactly, including using the recommended amount of solution. A second treatment is recommended in 7-10 days.
3. Lindane containing products can be very toxic, especially to young children. It penetrates human skin and has a potential for central nervous system toxicity. They are only prescribed under special circumstances and a doctor's visit may be required.
4. The most important step is manual removal of lice and nits. This takes hours, but it is the key to success. There is some resistance to lice killing shampoo so removing all nits is essential. Rinsing the hair in a solution of vinegar and water (50:50) helps to loosen the nits. Remove all nits with your fingernails or a louse comb such as the Lice Meister. Continue to check head daily for at least two weeks.
5. Vacuum all surfaces. Wash all bedding in hot water and dry in a hot dryer. Any potentially contaminated objects that can't be washed (stuffed animals, etc.) can be secured in a plastic bag for 2 weeks. Vacuum the car and car seats. Brushes and combs must also be cleaned by: soaking in medicated shampoo for at least 10 minutes, soaking in 2% Lysol solution for one hour, or heating in water of at least 130 degrees F for at least 10 minutes. (Lice do not live on pets).
6. Other alternative methods are available, however are not encouraged as first line treatment.
7. Lice on the eyelashes and eyebrows should be treated with Vaseline applied gently three times a day for 5 days.
8. Contact your local public health department or medical provider if you need additional resources.
   Stearns County Public Health: (320) 203-6942
   Kandiyohi County Public Health: (320) 231-7800
   Pope County Public Health: (320) 634-5729

Additional Online Resources:

Centers for Disease Control:
http://www.cdc.gov/parasites/lice/head/index.html

National Pediculosis Association:
http://www.headlice.org/

Minnesota Department of Health:
http://www.health.state.mn.us/divs/idepc/diseases/headlice/index.html

National Association of School Nurses:
http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/smid/824/ArticleID/40/Default.aspx

Mayo Clinic:
http://www.mayoclinic.org/diseases-conditions/head-lice/basics/definition/con-20030792