



Bexley City Schools
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Head Lice Information and Protocol

The following information is from Centers for Disease Control and Prevention

The head louse, or *Pediculus humanus capitis*, is a parasitic insect that can be found on the head, eyebrows, and eyelashes of people. Head lice feed on human blood several times a day and live close to the human scalp. Head lice are not known to spread disease. The presence of head lice (Pediculosis) is not a serious medical condition.

Head lice move by crawling; they cannot hop or fly. Head lice are spread by direct contact with the hair of an infested person. Anyone who comes in head-to-head contact with someone who already has head lice is at greatest risk. 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. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

Forms of Lice

- Head lice have three forms: the egg (also called a nit), the nymph, and the adult.
- Nits are lice eggs laid by the adult female at the base of the hair shaft nearest the scalp. Nits are firmly attached to the hair shaft and are oval-shaped and very small (about the size of a knot in thread) and hard to see. Head lice nits usually take about 8-9 days to hatch.
- A nymph is an immature louse that hatches from the nit. A nymph looks like an adult head louse but is smaller. To live, a nymph must feed on blood. Nymphs mature into adults about 9-12 days after hatching from the nit.
- Adult: The fully grown and developed adult louse is about the size of a sesame seed, has six legs, and is tan to grayish-white in color. An adult head louse can live about 30 days on a person's head but will die within one or two days if it falls off a person.

Signs and Symptoms of Head Lice Infestation

- Tickling feeling of something moving in the hair.
- Itching, caused by an allergic reaction to the bites of the head louse.
- Irritability and difficulty sleeping; head lice are most active in the dark.
- Sores on the head caused by scratching. These sores can sometimes become infected with bacteria found on the person's skin.

Diagnosis of Lice

The diagnosis of a head lice infestation is best made by finding a live nymph or adult louse on the scalp or hair of a person. If crawling lice are not seen, finding nits firmly attached within a $\frac{1}{4}$ inch of base of the hair shafts strongly suggests, but does not confirm, that a person is infested and should be treated. If no nymphs or adults are seen, and the only nits found are more than $\frac{1}{4}$ inch from the scalp, then the infestation is probably old and no longer active – and does not need to be treated.

Head Lice Information for Schools from CDC

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 Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN) 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 $\frac{1}{4}$ 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.

Bexley City School District Response to Lice

A student will be checked for lice when a child self-reports, if a parent calls in, or upon teacher referral. When an active case of head lice is found, the goal is to minimize lost class time for students while also minimizing the chance for spread. Students will be treated with respect and every attempt will be made to eliminate the panic, blame, and stigma often associated with lice. Confidentiality will be maintained as much as possible, so the child is not embarrassed. The child should be told of the infestation and reassured that it is a very treatable condition and nothing to be ashamed of. They should also be educated in the transmission of lice and not share combs, brushes, hats, etc. with others.

Once a child is identified as having an active infestation of head lice, the clinic nurse will notify the parent/guardian and discuss the child remaining at school or going home. If the parent/guardian chooses for the student to remain at school, then the child will be sent back to class, with a reminder not to share combs/brushes/hats, etc. with others.

Siblings - The siblings of the child with head lice, who also attend the school, will be checked by the clinic nurse.

Classmates and other contacts - Classmates who frequently play with the student will also be checked. The entire classroom will not be checked.

Notification

If a child is found to have an active case that has not been treated, the child’s parent/guardian will be notified by phone/letter. A letter will be sent to the parents of the children in the classroom where the case was identified. The letter will encourage parents to check their child's head, and it will give tips on how to do this.

Return to School

Once the family confirms that lice treatment has begun, the student may return to school. The school nurse will check the student for live lice. If none are found, the student will remain in school.

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