

Head Lice Information

Head lice are tiny crawling insects that live close to the human scalp. While they do not spread disease, this nuisance bug is challenging to eliminate and can cause frustration for families.

How Common are Head Lice?

There are an estimated 6 to 12 million cases of head lice occurring annually in the United States, primarily among children ages 3 to 11. Given how common head lice are, it is likely that some students may have head lice at any given time during the school year.

How Head Lice Spread

The most common way head lice spread is through close, prolonged head-to-head contact with someone who is already infested. This type of contact often occurs frequently among children during play, sports activities and sleepovers. It's important to note that head lice do **not** jump, hop or fly, **do not live** in the environment, and are **not** a sign of poor hygiene or cleanliness.

Managing Head Lice

Due to the high prevalence of head lice and the frequent head-to-head contact that occurs during children's play, it is unlikely that all infestations can be completely prevented. Therefore, the most effective strategy is to manage head lice through **prevention, early detection, and education**. This requires a collaborative effort among schools, families, and healthcare providers to ensure accurate information is communicated and appropriate, evidence-based treatment is used when necessary.

What Parents/Guardians Can Do to Manage Head Lice at Home

PREVENTION PRACTICES

Teach children to avoid activities that may spread head lice. This includes teaching children to avoid head-to-head contact with others and not sharing personal items that touch their head such as hats, hair bands, or combs.

CATCH IT EARLY

Regularly check the student's head for lice. Here's how:

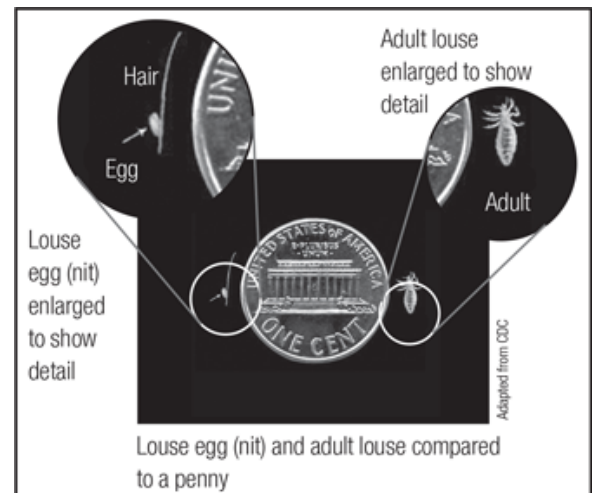
- Use a bright light and inspect small sections of hair at a time.
- Look for live lice (small, fast-moving insects about the size of a sesame seed) and their eggs (nits).
- Nits are tiny, grayish-white ovals attached firmly to the base of the hair shaft, usually within $\frac{1}{4}$ inch of the scalp. Unlike dandruff, they cannot be easily flicked off.

If you find signs of lice, it's best to consult your child's healthcare provider before starting [treatment](#). The most effective approach includes using a head lice treatment product **and** manually removing nits every 2 to 3 days for 2 to 3 weeks.

Please notify your school nurse for tracking purposes, and consider informing the families of your child's close contacts.

DO NOT TREAT PREVENTATIVELY

If you are unsure that your child has head lice, contact your healthcare provider. It is **NOT** advised to preventatively treat those who may have been exposed to head lice but do not have signs of an active infestation (live louse or nits within $\frac{1}{4}$ inch of scalp).



What SVSD Does to Manage Head Lice at School

The Snoqualmie Valley School District (SVSD) prioritizes education as the most effective way to manage and prevent the spread of head lice. This includes:

- Providing accurate, evidence-based information to students, families, and staff.
- Actively working to dispel common myths and misconceptions about head lice.
- Supporting families with guidance on prevention, detection, and treatment.

By focusing on education and prevention, SVSD aims to reduce stigma, limit unnecessary absences, and promote a healthy learning environment for all students.

HEAD LICE EDUCATION

To support ongoing awareness and prevention, the Health Services Department is committed to providing regular, evidence-based head lice education to the school community. Efforts will include:

- Keeping head lice information current and accessible on the district website.
- Sharing head lice education with parents/guardians through district communication channels as needed.
- Providing guidance to families of students with suspected or confirmed head lice, including evidence-based treatment options.
- Serving as a resource for staff, parents/guardians, and students by offering up-to-date, reliable information on head lice prevention and management.

DISPEL MYTHS

The following evidence-based practices reflect current expert guidance and aim to correct common misconceptions about head lice. They also help prevent unnecessary interventions that may cause harm to children.

- **“No-nit” policies are ineffective** in controlling head lice outbreaks and often result in unnecessary student absences. These policies are not supported by current research or health authorities.
- **Routine or school-wide head lice screenings are no longer recommended.** Studies have shown that they do not reduce lice transmission and take valuable time away from other important student health services provided by school nurses.
- **Lice transmission through shared school objects is very rare.** According to the CDC, while it is possible for lice to spread through contact with personal items (e.g., headphones), it is highly uncommon. Head lice have feet adapted to grasp human hair and cannot easily cling to smooth surfaces like plastic, metal, or synthetic materials.
- **Classroom cleaning beyond routine procedures is unnecessary.** Head lice cannot live long off the human scalp. Therefore, special cleaning measures in a classroom are not indicated and could expose students to unnecessary chemicals.
- **Classroom notification letters are not recommended.** Lice do not jump, fly, or hop, so being in the same room as someone with lice is not considered direct exposure. Notification letters may violate student privacy and can lead to over-treatment of children who do not have lice, often out of concern from well-meaning families.
- **Avoid dangerous or unproven home remedies.** Never use toxic substances such as gasoline, kerosene, or products intended for animals. Use caution with unproven remedies like petroleum jelly, mayonnaise, margarine, essential oils, or olive oil—there is no scientific evidence that these treatments are effective.