



PROTOCOL FOR THE MANAGEMENT OF PEDICULOSIS CAPITIS (HEAD LICE)

A student who is found to be infected with live head lice shall be referred to the parent/guardian for treatment. After the student has been treated, the student should be inspected by the school nurse, or his/her delegate.

The American Academy of Pediatrics and National Association of School Nurses discourage exclusion policies and believe a child should not miss or be excluded from school because of head lice.

Background Information

Head lice are tiny insects that live on the human host. They are difficult to find because they are very small (about the size of a sesame seed), move quickly and shy away from strong light. Lice hatch from nits (eggs) that are firmly attached to the hair shaft in about 7 to 10 days. The nits are grayish or tan in color. In another 7 days the lice are fully mature, and the female begins to lay eggs. Lice cannot jump or fly but will spread with close contact. Lice do not live on cats, dogs, or other animals - only on humans. Lice can live up to 48 hours off the human host. Lice live by dropping saliva into a bite to prevent blood clotting and feeding for 45 seconds every 3-4 hours if undisturbed. This results in intense itching. The average female louse lays 3-4 eggs a day and has a 1-month life span (90 + eggs). All infected family members, or if in a daycare or babysitting environment, all infected children and adults, should be treated at the same time.

Symptoms

The most common symptom is itching and scratching of the head. Redness on the scalp especially behind the ears and at the nape of the neck.

Physical Assessment

Screen any suspected lice case using gloves, magnifying glass and natural light (if possible). Examine scalp, especially back of head, behind ears and any spot where the student notes itching. Lice move quickly. The presence of nits firmly attached to the hair shaft is a sign of

infestation. The nits attached are usually within one-half inch of the scalp and cannot be brushed away.

Management

- The school nurse will notify the parents/guardians of the student with lice or nits and recommend treatment that evening using the manual removal of nits and application of an over-the-counter medicated shampoo. Students will be sent home at the end of the day and NOT excluded from class due to the detection of lice or nits.
- If more than one case of lice is known in a class or student grouping, the school nurse may choose to screen the class for other cases either by bringing small groups (3-5 students) to the health office or by going to the classroom, time permitting. This will be at the discretion of the nurse and with minimal disruption to the school day.
- If an unusual clustering of active head lice cases (3 or more) is discovered in a classroom, the building administrator or director of health services will determine if a letter to the parents may be warranted. The school nurse will consult with the teacher and other appropriate staff concerning hygiene requirements of the class where the clustering of lice cases has been noted. Coats should not be piled together and classroom “dress up” clothes should be washed or placed in plastic bags for 2 weeks. Students should not share hats, combs, brushes, or hair implements. Communal cushions, pillows, etc. should be bagged for at least 2 weeks or washed/dry cleaned.
- In classrooms with an unusual clustering of head lice cases, the custodian will be notified by the school nurse or administrator to pay particular attention to careful vacuuming and cleaning for at least 2 1/2 weeks. Coats should not be piled together and classroom “dress up” clothes should be washed or placed in plastic bags for 2 weeks. Students should not share hats, combs, brushes, or hair implements. Communal cushions, pillows, etc. should be bagged for at least 2 weeks or washed/dry cleaned.
- The school nurse will recheck students who have been treated periodically for presence of lice or nits to ensure eradication of the infestation, including 7-10 days after treatment.
- St. Louis County’s [Head Lice Fast Facts for Parents of K-12 Students](#).

Home Treatment

- Advise parents/guardians to check their entire family for lice and nits regularly, especially after sleepovers. It’s also important to be alert for the signs and symptoms which include intense head scratching.
- If lice or nits are found in their child’s hair, they should comb out as many of the nits as possible using a fine-toothed comb or tweezers and then use a special medicated shampoo that contains a pediculicide. These products can be purchased without a prescription at any pharmacy and at most grocery stores and should be used according to

the package instructions. The student's hair should not be shampooed with regular shampoo or excessively combed for several days after the application of the medicated shampoo. This will allow the medication to work and continue to kill the lice and nits. Use the medicated shampoo again in one week, if needed.

- None of the treatments are 100% effective and it is very common for it to take a few weeks to completely resolve a head lice infestation. Remind parents to check all family members and treat those with any signs of head lice. For persistent cases that do not respond to 2 or 3 consecutive weekly treatments of the over-the-counter shampoo, prescription medications are available. Parents should contact their health care provider for more information.
- Parents/guardians should be advised to wash bedding, towels, clothes and coats in hot soapy water. Drying these items in a hot dryer is recommended. Items which cannot be washed can be sealed in a plastic bag for two weeks. Carpets, upholstery and car seats should be vacuumed. Head lice do not live off of their hosts for more than a day or two, so excessive cleaning is not needed.

References

Andresen, K. & McCarthy, A. (2009). [A policy change strategy for head lice management](#). The Journal of School Nursing, 25(6), 407-416.

Centers for Disease Control and Prevention (CDC). Head Lice-Schools. [CDC - Lice - Head Lice - Schools](#).

Centers for Disease Control and Prevention (CDC). Head Lice: Frequently Asked Questions. [CDC - Lice - Head Lice - General Information - Frequently Asked Questions \(FAQs\)](#).

Gordon, S. (2007). [Shared vulnerability: A theory of caring for children with persistent head lice](#). The Journal of School Nursing, 23(5), 283-292.

Lebwohl, M., Clark, L., & Levitt, J. (2007). Therapy for head lice based on life cycle, resistance, and safety considerations. Pediatrics, 119(5), 965-974.

Missouri Department of Health and Senior Services. Health office management: Head lice Management flow chart. [Microsoft Word - DHSSHeadliceMmgmtFlowchart.doc \(mo.gov\)](#)

Pontius, D. (2011). [Hats off to success: Changing head lice policy](#). NASN School Nurse, 26(6), 356-362.

Schoessler SZ. (2004). Treating and managing head lice: the school nurse perspective. Am J Manag Care. 10(suppl 9): S273-S276.

Revised 01/07/2026