# Recommended Guidelines for Prevention and Control of Head Lice

**Prevention:**

- Accurate educational information on diagnosis, prevention and treatment of head lice will be sent home to all parents/guardians at the beginning of the school year. Materials should be in an easily understandable form including materials in different languages and visual aids for families with limited language skills.

- Children should be taught to avoid head-to-head contact with others, avoid sharing personal items, such as combs, brushes and hats, and to control their hair by wearing it up or in a braid.

- Adults in the educational setting should be aware of the signs and symptoms of head lice infestation and affected children should be treated before the child returns to school to minimize spread to others.

**Control:**

- If a child has symptoms of head lice, school personnel who have been trained in the detection of lice shall look closely through the hair and scalp for viable nits or live lice (nits found more than 1 cm from the scalp are unlikely to be viable).

- If nits are found, but no live lice, the designated school personnel shall re-inspect within 7-10 days.

- If live lice (crawling) are found on the hair, the parent/guardian shall be notified by the end of the school day. The presence of head lice does not represent a medical emergency. Common-sense should be used when deciding how "contagious" a child may be and whether or not the child can stay until the end of the school day or needs to be sent home immediately (a few live lice versus hundreds of them). The goal is to keep children in school as much as possible.

- The parent/guardian shall be provided with information on the biology of head lice, methods to eliminate infestation and directions to examine household contacts for lice.

- Screening entire classrooms has not been proven to have a significant effect on the incidence of head lice over time and is not cost-effective; however, school personnel may choose to examine other students most likely to have had head-to-head contact with the affected students.

- Parents/guardians will be encouraged to verify treatment as soon as possible after notification.

- If the parent/guardian is unable to afford treatment, they should be referred to the school nurse for a prescription for a pediculicide from the health department.

- School personnel shall maintain the privacy of students identified as having head lice.

- Permethrin 1% (Nix) is the currently recommended treatment for head lice.

- If parents/guardians are opposed to use of pediculicides, treatment with Cetaphil® skin cleanser (or the generic equivalent) has been approved for the treatment of live head lice (Appendix A).

- Children who have been treated for head lice should be inspected again in 7 to 10 days from the day of first treatment. Parents should re-treat the child with the pediculicide if live lice are seen.

- Manual removal of nits after treatment with a pediculicide is not necessary to prevent the spread of infection unless they are within 1cm of the scalp.

- All contacts with the child concerning the head lice should be documented in a log in order to keep track of when it is time to re-check a child.

- No healthy child should be excluded from or allowed to miss school time because of head lice.

Sources:

American Academy of Pediatrics. *Report of the committee on infectious diseases.* Red Book, 26th ed.: 463-466. Elk Grove, IL. (2003).

Frankowski, B.L., and Weiner, L.B. *Head lice*. Pediatrics. 110 (3):683-643. (2002)

Vessey, J. *Current concepts in pediculosis management.* Scarborough, ME and Castle Rock, CO. National Association of School Nurses (2000).