

Students

HEAD LICE

The Governing Board recognizes that head lice infestations among students require treatment but do not pose a risk of transmitting disease. The Superintendent or designee shall encourage early detection and treatment in a manner that minimizes disruption to the educational program and reduces student absences.

The Superintendent or designee may distribute information to parents/guardians of preschool and elementary students regarding routine screening, symptoms, accurate diagnosis, and proper treatment of head lice infestations. The Superintendent or designee also may provide related information to school staff.

(cf. 4131 - Staff Development)

(cf. 4231 - Staff Development)

School employees shall report all suspected cases of head lice to the school nurse or designee as soon as possible.

If a student is found with active, adult head lice, he/she shall be allowed to stay in school until the end of the school day. The parent/guardian of any such student shall be given information about the treatment of head lice and encouraged to begin treatment of the student immediately and to check all members of the family. The parent/guardian also shall be informed that the student shall be checked upon return to school the next day and allowed to remain in school if no active head lice are detected.

Upon the student's return to school, the school nurse or designee shall check the student for active head lice. If it is determined that the student remains infected with head lice, the school nurse or designee shall contact the student's parent/guardian to discuss treatment. As needed, he/she may provide additional resources and/or referral to the local health department, health care providers, or other agencies.

(cf. 5141.3 - Health Examinations)

(cf. 5141.6 - School Health Services)

If a student is found consistently infested with head lice, he/she may be referred to a multidisciplinary team, which may consist of the school nurse, representatives from the local health department and social services, and other appropriate individuals, to determine the best approach for identifying and resolving problems contributing to the student's head lice infestations.

(cf. 1020 - Youth Services)

(cf. 5113 - Absences and Excuses)

(cf. 5113.1 - Chronic Absence and Truancy)

HEAD LICE (continued)

When it is determined that one or more students in a class or school are infested with head lice, the principal or designee may, at his/her discretion, notify parents/guardians of students in that class or school and provide them with information about the detection and treatment of head lice.

Staff shall maintain the privacy of students identified as having head lice.

(cf. 4119.23/4219.23/4319.23 - Unauthorized Release of Confidential/Privileged Information)
(cf. 5125 - Student Records)

Legal Reference:

EDUCATION CODE

48320-48325 School attendance review boards

49451 Physical examinations: parent's refusal to consent

Management Resources:

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PUBLICATIONS

Guidelines on Head Lice Prevention and Control for School Districts and Child Care Facilities, rev. March 2012

A Parent's Guide to Head Lice, 2008

CALIFORNIA SCHOOL NURSES ORGANIZATION

Pediculosis Management, Position Statement, rev. 2011

WEB SITES

American Academy of Pediatrics: <http://www.aap.org>

California Department of Public Health: <http://www.cdph.ca.gov>

California School Nurses Organization: <http://www.csno.org>

Centers for Disease Control and Prevention, Parasitic Disease Information, Head Lice:
<http://www.cdc.gov/parasites/lice/head>

HEAD LICE**GUIDELINES ON HEAD LICE PREVENTION AND CONTROL FOR
SCHOOL DISTRICTS AND CHILD CARE FACILITIES, 2006**

Infectious Diseases Branch
 Division of Communicable Disease Control
 California Department of Health Services

These guidelines are provided to assist local health departments, elementary schools, preschools, and child care facilities in developing policies and procedures for the care of head lice cases. The California Department of Health Services (DHS) recommends that schools and child-care facilities maintain an active educational campaign for parents on the accurate diagnosis and correct treatment of head lice cases to prevent transmission of lice in schools and reduce lost school days due to head lice infestation.

Head lice, while a significant social problem, do not transmit disease to humans. Traditionally, head lice policies in schools emphasized that a child infested with head lice could not return to school until no nits were found in their hair (“no-nit” policy). There is no evidence that a no-nit policy shortens lengths of outbreaks (Pollack et al., 2000, Williams et al., 2000). The American Academy of Pediatrics, the National Association of School Nurses, and the Centers for Disease Control and Prevention are all opponents of classical no-nit policies (Williams et al, 2000; Frankowski and Weiner, 2002; Schoessler, 2004). **In light of current research, DHS now recommends a no-lice policy.**

The essential components of a no-lice policy are the following:

- ◆ Early detection of head lice infestations through routine screening.
- ◆ Distribution of educational material to school staff and parents on head lice, nit combing, and treatment such as “A Parent’s Guide to Head Lice” brochure (available at local health departments and online at <http://www.dhs.ca.gov/ps/dcdc/disb/pdf/SBF%20D246%20HeadLice.pdf>).
- ◆ Treatment of children with **live** lice

Adult head lice are grey or brown, wingless insects approximately 1/8 inch in length. Adult females lay eggs (nits) by gluing them to the hairs near the base. Lice do not fly or jump and can be detected by parting the hair and examining near the scalp most commonly near ears and back of neck. Children ages 3-11 years old are at highest risk for head lice infestation.

Criteria and timing for screening may be determined by the school nurse or administration, based on prior history and resources. For first-time infestations, parents should be called to pick up the child **at the end** of the school day and then given information on treatment for head lice. **The child should be re-examined and if louse-free admitted to class.** Because it takes six to nine days for nits to hatch, the infested child should be re-examined the following Friday for the presence of live lice. If live lice are present, treatment should be repeated over the weekend and the child should be checked again the following Monday.

HEAD LICE (continued)

DETECTION OF HEAD LICE. When a child is found with head lice, parents should be provided with educational material on head lice and the importance of treatment should be stressed. At home, all members of the family must be checked for head lice. **It is more likely that a child is infested in the home environment by sharing beds or by head-to-head contact with siblings and playmates than at school.** While classroom or school-wide notification is not recommended after head lice have been detected in a student, this policy is at the discretion of the school nurse and administration.

CHRONIC CASES. If a child is found consistently infested with head lice, the child should be deemed a “chronic” head lice case. A chronic case is a child found infested during three separate months during a school year or for six consecutive weeks. It is important for schools to identify these children since their continuing infestations may signify other family or socioeconomic problems. These chronic cases should be reported to the school attendance review board and be addressed by a multi-disciplinary work group. The work group could consist of representatives from the local health department, social services, the school (district) nurse, and other appropriate individuals to determine the best approach to identifying and resolving the family problems that impact the child’s school attendance.

ENVIRONMENTAL CONTROL. Pesticide application to the school or home environment is not recommended. Adult lice usually die within two days without a blood meal. Always keep each child’s hat and other clothing on separate hooks. Once a child is found infested with head lice, the classroom can be vacuumed once a day to decrease the remote possibility of transmission of head lice.

Pillows and other classroom items may have nits or lice on them but are very unlikely sources of infestation. They can be put in a dryer and run on hot for 20 minutes, dry-cleaned, or placed in sealed plastic bags for two weeks (nits take six to nine days to hatch) to kill hatching lice.

TREATMENT. Parents need to understand that the most important components of head lice control are a single treatment, then reapplication if live lice are found seven to ten days later. Nit combing should also be performed. Head lice that are resistant to some of the commonly used insecticides in head lice shampoos have been found in California and therefore not all lice may be killed by treatment. Combing and removal of nits may help to reduce the duration of infestation. **DHS recommends the combination of treatment and nit combing.** Several brands of nit combs are available at local pharmacies. Flea combs also work well for nit combing and can be bought at pet stores. Treatment failure may be due to the misidentification of substance on the hair shaft as nits (i.e. dandruff, styling products, etc) or not realizing that it may take 8-12 hours for lice to die.

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There is no conclusive scientific evidence to support the use of products such as vinegar, isopropyl alcohol, enzyme-based compounds, tea tree oil, or other alternative products advertised to dissolve the glue on the nits (to ease their removal) or kill the nits. Similarly, there are no conclusive scientific data to support claims that mayonnaise, olive oil, melted butter, petroleum jelly, or other current commercial products on the hair “suffocate” the nits and lice. Drowning lice is also an ineffective way to kill lice (Takano-Lee et al., 2004)

Please contact your local health department for more information. The list of references cited in this document is attached. These guidelines, the brochure “A Parent’s Guide to Head Lice” and other DHS publications can be found under the Vector-Borne Disease Section heading at the following website: <http://www.dhs.ca.gov/ps/dcdc/disb/disbindex.htm>

The brochure “A Parent’s Guide to Head Lice” in Spanish can be found at this link:

<http://www.dhs.ca.gov/ps/dcdc/disb/pdf/Spanish%20lice%20brochure.pdf>

(The next page is a list of references cited in these guidelines. Copyright laws prevent us from making copies of these publications available to you.)

HEAD LICE (continued)**Literature Cited**

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3. Meinkin, T.L., Clineschmidt, C.M., Chen, C., Kolber, M.A., Tipping, R.W., Furlek, C.I., Villar, M.E., C.A. Guzzo. 2002. An observer blinded study of 1% permethrin crème rinse with and without adjunctive combing in patients with head lice. *The Journal of Pediatrics*. 141: 665-670.
4. Meinking, T.L., Entzel, M.E., Vicaria, M., Lernard, G.A, S.L. Porcelain. 2001. Comparative efficacy of treatments for *Pediculus capitis* infestations. *Archives of Dermatology*. 137:287-292.
5. Meinking, T.L., Serrano, L., Hard, B., Entzel, P., Lernard, G., Rivera, E., Villar, M.E. 2002. Comparative in vitro pediculicidal efficacy of treatments in a resistant head lice population in the United States. *Archives of Dermatology*. 138:220-224.
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7. Schoessler, S.Z. 2004. Treating and managing head lice: the school nurse perspective. *American Journal of Managed Care*. 10(9 Suppl): S273-6.
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