HEAD LICE: GUIDING PRINCIPLES FOR SCHOOL POLICY

GENERAL CONTROL MEASURES IN SCHOOLS	
RECOMMENDATIONS	**RATIONALE**
Routine classroom or school-wide screening for head lice is not recommended	The American Academy of Pediatrics discourages head lice screenings, which have not been proven to have a significant effect over time on the incidence of head lice in the school setting and are not cost effective. Children should be checked only when demonstrating symptoms of head lice.
The American Association of Pediatrics, the National Association of School Nurses, and the Centers for Disease Control and Prevention advocate that "no-nit" policies should be discontinued.	1. Egg cases farther from the scalp are easier to discover, but these tend to be empty (hatched) or nonviable and, thus, are of no consequence. 2. Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people. 3. The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice. 4. Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel.
Provide parent education program in the management of head lice in the school setting.	Head lice are not a medical or public health hazard as they are not known to spread disease. However, parents may have misconceptions and prejudices, which place pressure on school staff. Educating and supporting the child and parent with factual, nonjudgmental information is better than having policies and practices driven by misinformation.
School personnel involved in detection of head lice infestation should be properly trained.	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. Because nymphs and adult lice are very small, move quickly, and avoid light, they can be difficult to find. The diagnosis should be made by a health care provider or other person trained to identify live head lice.
INDIVIDUAL CASE MANAGEMENT	
RECOMMENDATIONS	**RATIONALE**
A child with an active head lice infestation should remain in class but be discouraged from close direct head contact with others.	A child with an active head lice infestation has likely had the infestation for 1 month or more by the time it is discovered and poses little risk to others from the infestation.
Notify parent or guardian by telephone or by having a note sent home with the child at the end of the school day stating that prompt, proper treatment of this condition is in the best interest of the child and his or her classmates.	The school can be most helpful by making available accurate information about the diagnosis, treatment, and prevention of head lice in an understandable form. Information sheets in different languages and visual aids for families with limited literacy skills should be made available by schools
Maintain confidentiality when a child is diagnosed with head lice.	
CRITERIA FOR RETURN TO SCHOOL	
RECOMMENDATIONS	**RATIONALE**
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. Do not check for nits (dead or alive) or enforce a no-nit policy for those who have been treated. It is not productive.

http://www.health.ri.gov/publications/protocols/HeadLice.pdf

http://www.health.ri.gov/for/schools/#lice

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