

It is time for the yearly reminder about head lice:

While head lice may be a social problem, they are not a significant public health concern. Lice do not transmit disease to humans. In the past, head lice policies in schools emphasized that a child with head lice could not return to school until no nits could be found in their hair (“no-nit policy”). There is no evidence that a no-nit policy prevents or shortens the duration of outbreaks (R. J. Pollack, 2000, L.K. Williams, 2001). The American Academy of Pediatrics, the National Association of School Nurses and the Centers for Disease Control and Prevention are all opponents of no-nit policies (B.L. Frankowski, 2002, Schoessler, 2004). In support of the research, we have adopted a no-live lice protocol.

The essentials of a no-live lice protocol are as follows:

- Early detection of live head lice through routine screening by parents.
- Education of school staff and parents on head lice, nit combing, and treatment.
- Treatment of children with live lice.

Adult head lice are grey or brown insects, without wings and are approximately 2-3 mm in length. Adult females lay eggs (nits) by gluing them at the base of the hair shaft. Lice cannot fly or jump and can be detected by parting hair and examining near the scalp, most commonly near ears and the back of the neck. Children ages 3 to 11 years old are at highest risk for head lice infestation (California Department of Public Health). Transmission usually occurs by head to head contact with an infested person. Head lice may be spread indirectly by personal items such as combs, brushes, hats and clothing with thick or furry collars that touch hair. Lice found on these items are usually injured or dead. Healthy lice usually do not leave a healthy head (B.L. Frankowski, 2002).

While it may be impossible to completely prevent transmission of head lice, there are some ways to decrease the likelihood of transmission. Children can be taught from an early age to avoid head to head contact with others, avoid sharing personal items, and to control their hair by wearing it up or in a braid. Parents should be aware of the signs and symptoms of head lice, and treat their children promptly. Symptoms include itching or burning of the scalp. It is prudent for parents of children found to have head lice to contact parents of other children who may have had close contact with them. Although research has shown that schools are not likely to be sources of infestation, school staff should be notified by parents so that they can check students who may have had close contact with the affected student and are symptomatic.

Evidence suggests that mass head lice screenings do not have a significant effect on the incidence of head lice in the school setting over time and are not cost-effective. Parent

education can be the most beneficial intervention in management of head lice (B.L. Frankowski, 2002).

It is preferable to check your children for head lice before they return to school from summer, winter and spring breaks, and before and after overnight sleep-over parties. Some parents prefer to check their children every Friday evening because if live lice are present, they have the entire weekend to treat their child.

If a child has live lice (crawling) at school, 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 is 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.

Children may return to school the day after proper lice treatment. Manual removal of nits within 1 cm of the scalp is recommended because while the treatments kill live lice, the treatment may not always kill nits (eggs). Parents should check their children for live lice again 7 to 10 days after treatment as the nits that were not killed may hatch at that time and re-infest the child.

For more information on head lice, please go to the Siskiyou County Office of Education website, Health Services link, and click on “Lice” ([SCOE Head Lice](#)).

I am available to teach parents how to check their children for lice. Please call my cell phone at (530) 598-0067 to schedule a time.

I hope you find this information helpful. Please call me if you have questions or concerns.

Sincerely,

Patty Morris, RN, MSN, PHN

School Nurse

References

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<http://www.cdph.ca.gov/HealthInfo/discond/Documents/2009SchoolGuidelinesonHeadLice.pdf>
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