

Head Lice Management

Background

Head lice are not a health hazard and nor are they responsible for the spread of disease. Infestation is a nuisance rather than a major threat to the student's well-being.

For complete information regarding head lice treatment and eradication please refer to "Head Lice - A Lousy Problem" available at www.ndhealth.gov/head-lice/ and the American Academy of Pediatrics 2015 clinical report available at <http://pediatrics.aappublications.org/content/135/5/e1355.full.html>.

Definition

Head lice (**Pediculosis humanus capitis**) are parasitic insects that feed on blood from the human scalp. The adult louse is very small (about the size of a sesame seed), has six legs, a diamond-shaped head, and an elongated body, is flat, wingless, and crawls. It cannot fly or jump. Lice are often hard to see; they range in color from red, brown, black to gray-white. Lice eggs, called "nits," attach to the hair shaft until they hatch into live lice.

Head lice outbreaks are common in the United States among all socioeconomic groups of children between the ages of three to 12 years. Head lice are not a sign of poor hygiene or unclean homes or schools. Lice and nits may be found on the human head, eyebrows, or eyelashes, but usually locate on the scalp, particularly around and behind ears and near the neckline at the back of the head.

Mode of Transmission

Transmission occurs most commonly by direct contact with the head of an already infested person. Contact is common during play (slumber parties, bed sharing, sport activities or games). The most rapid spread of head lice occurs through the home because of the close proximity of family members. The risk of transmission at school is low (AAP Clinical Report, 2015).

It is uncommon for lice to be spread from inanimate objects such as hats, combs, brushes, helmets, headphones, or movie theatre seats. Head lice are not able to hold onto these materials or survive without the warmth and blood source of a human scalp. Head lice cannot survive away from the scalp for more than 2-3 days at room temperature. Nits are not easily transmitted because they are glued to the hair shaft.

Incubation Period

Head lice eggs (nits) normally hatch in seven to 12 days. Mature head lice are capable of laying eggs nine to 12 days after hatching. The adult life span is about 1 month.

Infectious Period

Head lice can be transmitted as long as the lice (not nits) live. By removing nits, the possibility of hatching new lice is minimized. Nits need warmth from the scalp to remain viable; nits found more than a quarter inch away from the scalp have already hatched or will never hatch. Successful treatment should kill live lice. All family members should be checked and treated at the same time.

Symptoms

1. Itching on the head and scalp;
2. A tickling feeling on the head or in the hair;
3. Live lice;
4. Nits (lice eggs) attached to hairs;
5. Irritated spots on the head caused by the child scratching;
6. Irritability and trouble sleeping.

Protocol for Identification and Exclusion of Students with Active Infestations

1. Immediate or long-term exclusion of students with head lice is no longer recommended as best practice from the American Academy of Pediatrics and the North Dakota Department of Health. Students with an active infestation are referred to parents. However, if students are not picked up by parents, they may remain in class and return to school the next day after the appropriate treatment has been completed.
2. A *trained staff member or a school nurse will check any student reported to have symptoms of head lice. An active infestation (case) is defined as the presence of live lice or nits laid close (1/4 in.) to the scalp.
3. If an active case of head lice is found, the teacher will be informed immediately, and the child will not use any shared head phones or head gear.
4. Parents of the child with lice will be notified. If parents of the affected student are not able to come and get their child, the student will be allowed to stay in school and will return to the classroom. Staff will discreetly manage lice infestations by reducing the child's contact with others so that the student is not ostracized, isolated, humiliated, or psychologically traumatized.
5. The principal will give parents of the affected student information for treating head lice. These resources are the ND Disease Fact sheet on head lice and the Quick Guide for Managing Head Lice which are available at <http://www.ndhealth.gov/head-lice/>.

6. Parents of the affected student will be given a return-to-school slip. The student is required to have be checked and the slip completed before returning to school. The student may be checked by their health care provider, public health, their school nurse or a designated *trained staff person where available. Prior arrangements must be made by the parent via the school office in order for the student to receive their return head check at school and the parent must be present. If a *trained staff member or school nurse is not available, the secretary should make arrangements with a neighboring school nurse if possible. Where an arrangement with a school nurse in another building is not possible, the parents of the affected student will be referred to public health or a health care provider.
7. Staff will maintain student confidentiality at all times.
8. Custodians will be asked to perform the appropriate cleaning procedures as stated in "Head Lice- A Louse Problem," from the North Dakota Department of Health.
9. After readmission the affected student will be checked by the school nurse or a *trained staff member once a week for 2 weeks or until the issue is resolved. Parents should be instructed to check their child daily for any signs of reinfestation and to continue to remove nits to avoid misdiagnosis.
10. Siblings of the affected student who are attend BPS should be screened for head lice. Playmates who are known to have prolonged head-to-head contact may also be screened.
11. Routine or periodic classroom and school-wide screenings are no longer recommended or necessary. Classroom screening will not be done unless the principal and school nurse feel there are unique circumstances that warrant a mass screening (i.e. certain preschool and kindergarten rooms where specific activities have included close head-to-head contact for prolonged periods of time). Parental consent is not required for classroom screening.
12. Notifications for parents of exposed students are addressed in the "Management of Students and Employees with Communicable Diseases and Conditions."

Cleaning procedures in affected classrooms will follow ACBB-E Cleanup Procedures.

***Trained staff:** Staff members who perform lice checks in the absence of the school nurse must receive prior training from the school nurse. Until a trained staff member has the opportunity to become skilled at identifying active head lice, the school nurse will need to perform the head check on students suspected of having head lice and will do so as soon as possible.