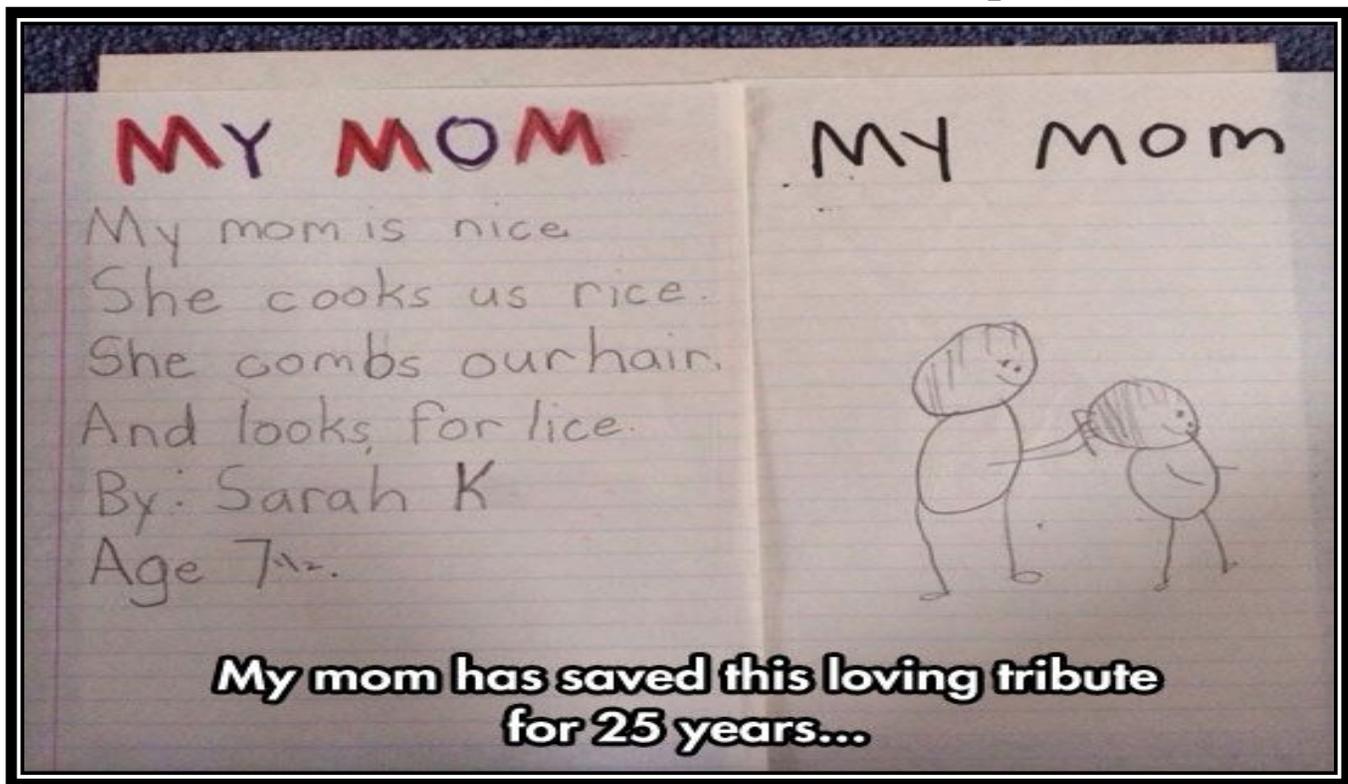


## Head Lice (*Pediculus humanus capitis*)



You may find the YouTube video below to be helpful. It has great information about lice and safe treatment ideas.

[Head Lice Information for Parents](#)

### The goal of lice treatment.

1. Decrease school absenteeism
2. Support the student & families
3. Maintain privacy

**Immediate or long-term exclusion is no longer recommended.** Students are not sent home if head lice are detected and may come back to school the next day after treatment. Students can return to school or cottage with nits following treatment. Nits may persist after initial treatment, therefore, students with nits should be allowed back in school the next day. Successful treatment should kill crawling lice.

### Mode of Transmission

Transmission of head lice occurs most commonly by direct contact with a live louse through head-to-head contact. Transmission may be through play and interaction at school and at home, such as slumber parties, sports activities, at camp and on a playground. It is uncommon for lice to be spread from inanimate objects such as hats, combs, brushes, pillows, helmets, headphones, or movie theatre seats. This is because 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 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 7–12 days. Mature head lice are capable of laying eggs 9–12 days after hatching. The adult life span is about 1 month.

## Infectious Period

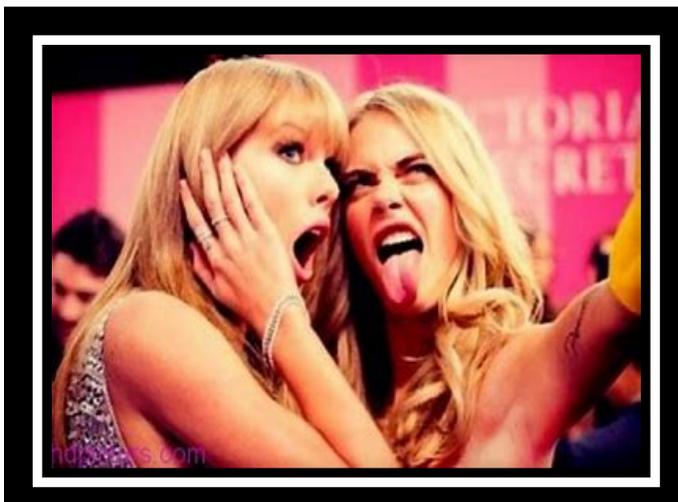
Head lice can be transmitted as long as the lice remain alive. Only live, hatched lice—not nits—spread the infestation. By removing the nits, the possibility of hatching new lice is minimized. Nits found more than a quarter of an inch away from the scalp have already hatched or will never hatch. Nits need warmth from the scalp to remain viable.

**NOTE** Both the American Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN) advocate discontinuing “No Nit” policies (which require students to be free of lice and nits before returning to school). Such policies are not effective in controlling head lice outbreaks for the following reasons:

- Many nits are more than 1/4 inch from the scalp, which means they have already hatched and have left an empty casing, or will not hatch because they are too far away from the warm scalp to survive the nit stage.
- Nits are naturally attached or “glued” to hair shafts and are unlikely to transfer to other students.
- Unnecessary absenteeism negatively affects students, families, and schools.
- Misdiagnosis of nits is common during nit checks conducted by non-medical personnel.

## Future Prevention and Education

1. Educate school personnel and the parent/guardian in recognizing and managing a head lice infestation. This could include periodically providing information to families of all students on the diagnosis, treatment, and prevention of head lice.
2. Assure students, parents/guardians, and staff that anyone can get head lice, and it is not an indication of lack of cleanliness. The parent/guardian should be encouraged to check their student's head for lice if the student is symptomatic.
3. Educate school personnel and parents about the revised guidelines regarding “No Nit” school policies.
4. The use of chemical sprays or “bug bombs” to treat the environment within the school setting is not recommended due to potential toxicity, harm to humans, and their lack of efficacy.
5. Minimize upholstered furniture in classrooms. Launder floor pillows, mats, and other shared fabric items regularly and dry in a hot dryer.



## Nurse responsibility

1. Notify parent/guardian of the suspected case. Suggest resources for parents on how to treat head lice, such as those available through the Washington State Department of Health Lice Web page: <http://www.doh.wa.gov/CommunityandEnvironment/Pests/Lice.aspx>.
2. Reporting to your local health jurisdiction is not required.
3. Students are not sent home if head lice are detected and may come back to school the next day after treatment.
4. Inform parent /or guardians of their students infestation, discuss the treatment plan, and answer any questions as needed.
5. Encourage parent or guardian of the student to check and treat their entire family for lice as needed.
6. Parents of day and cottage students are encouraged to manage and treat their student if possible.
7. For **cottage students** - follow approved standing doctor's orders regarding head lice treatment.
8. Student may return to school and/or cottage after head lice treatment.
9. Refer to a licensed health care provider for evaluation of secondary infection (such as skin infections from scratching), if suspected.
10. Follow-up with the student and family to ensure that the infestation is being addressed appropriately until the infestation has ended.
11. Document students condition, student reports, communications, and treatment.

## Staff & Nurse responsibility

1. Maintain and support confidentiality for the student.
2. Discreetly manage lice infestations so that the student is not ostracized, isolated, humiliated, or psychologically traumatized.
3. Dispel head lice myths.
4. Routine or periodic classroom and school wide screenings are no longer recommended.
5. Students should be discouraged from close head-to-head contact with others.
6. Follow up with the appropriate nurse or staff with any concerns. Be sure the individual who is directly involved with the student for the purpose of helping the student and not for personal curiosity.
7. If future checks reveal an increased number of **nits** present or it is obvious to the screener that the student's hair has not been treated, the parent will be contacted for follow-up and support



## Resources

American Academy of Pediatrics: Head Lice Policy (2002)  
Statement of reaffirmation (2009)  
Policy revision (2010)

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;110/3/638>

American School Health Association (2005). School Policies in the Management of Pediculosis.  
<http://www.ashaweb.org/files/public/Resolutions/Pediculosis.pdf>

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

National Association of School Nurses, Position statement: Pediculosis Management in the School Setting.  
(2011)

National Association of School Nurses, S.C.R.A.T.C.H: Head Lice Community Education Program  
<http://www.nasn.org/ToolsResources/SCRATCHHeadLiceResources>

Washington State Department of Health, Head Lice  
<http://www.doh.wa.gov/CommunityandEnvironment/Pests/Lice.aspx>.

