



Camas School District Parent Guidelines for Students with Head Lice

Camas School District Board of Directors approved a new policy/procedure in March 2006 (3414 & 3414P – Infectious Diseases) which includes information on head lice. Camas School District no longer has a “no nit” policy. We are moving towards evidence-based practice management! Please access this information at http://www.camas.wednet.edu/district/parent_corner/health_services.html.

What is the factual information on head lice and where can I go to read more?

- The American Academy of Pediatrics states that no-nit policies in schools are detrimental, causing lost time in the classroom, inappropriate allocation of the health services team’s time for lice screening, and a response to infestations that is out of proportion to the medical significance.
- No child should be allowed to miss valuable school time because of head lice.
- Head lice are not a source of infection or disease; they are simply a nuisance.
- Head lice are not a sign of poor hygiene, dirty hair or lack of parental care. Washing hair does not kill head lice, as they can survive under water for several hours. Anyone with hair – long or short, clean or dirty – can get head lice.
- The adult louse (one) is 2 to 3 mm long (the size of a sesame seed).
- While the louse lives on the head, it feeds by injecting small amounts of saliva and taking tiny amounts of blood from the scalp every few hours.
- This saliva may create an itchy irritation. With a first case of head lice, itching may not develop for 4 to 6 weeks, because it takes time to develop a sensitivity to louse saliva.
- Head lice (many) usually survive for less than 1 day away from the scalp at normal room temperature, and their eggs (nits) cannot hatch at a temperature lower than that near the scalp.
- Lice do not hop, jump or fly; they crawl. Transmission in most cases occurs by direct contact with the head of another infested individual.
- Indirect spread through contact with personal belongings of an infected individual (combs, brushes, hats) is much less likely, but cannot be excluded. Lice found on combs are likely to be injured or dead, and a healthy louse is not likely to leave a healthy head.
- It is important not to confuse nits (eggs) with dandruff, hair casts, hairspray droplets, scabs, dirt or other insects. Nits are more difficult to remove because they are “glued” on the hair.
- The gold standard for diagnosing head lice is finding a live louse on the head.
- Contact your health care provider as to using either an over-the-counter or prescription medication.
- Removing the nits (eggs) and live lice with a special metal-tooth comb is time-consuming but the most effective way to get rid of them. When you get down to a few, you can remove those manually with your fingernails. They do not wash out. Nit and lice removal is tedious.
- Never treat or retreat “just in case” in the absence of live lice. Head lice products are pesticides, which are toxic if overused and can be absorbed through the skin. Follow the directions carefully. No currently available pediculicides are 100%ovicidal, and resistance has been reported in some products.
- Don’t assume that everyone in the house will have head lice just because one person has. Check each person thoroughly. It is prudent though, to treat family members who share a bed with the person with infestation, even if no live lice are found.
- It is also prudent to clean hair care items and bedding of the individual with infestation.
- Items such as clothing, furniture, or carpeting that have been in contact with the head of the person with infestation in the 24 to 48 hours before treatment should be considered for cleaning, given the fact that louse survival off the scalp beyond 48 hours is extremely unlikely.
- Washing, soaking, or drying items at temperatures greater than 130 F will kill stray lice or nits.
- Furniture, carpeting, car seats, and other fabrics or fabric-covered items can be vacuumed.
- Pediculicide spray should not be used.
- Although it is rarely necessary, items that cannot be washed can be bagged in plastic for 2 weeks
- Intensive cleaning measures are not beneficial.
- Schools are **not** the most common places where head lice are spread, even though schools have been blamed in the past. Sleepovers among friends and relatives are thought to be a common way they are passed home to home.

- One of the best ways to protect others from head lice is for parents to check their own children at home on a regular basis. If they are found, please contact your primary health care provider as to treatment. One of the biggest challenges in eliminating head lice is parents' discomfort in communicating about the problem with other parents when they find head lice, so they are more easily passed back and forth among close friends and relatives.
- You will always be able to find web sites that promote drastic measures like sprays, special products and "no-nit" policies. Pay attention to who they are! Many of these web sites are either not based on up-to-date research or they are commercial sites in the business of selling a product, and it is in their interests to keep head lice hysteria alive; otherwise there go their profits.
- Shaving the head or cutting the hair will not affect how easily a child catches lice, though these measures make nit removal easier. Don't do this unless your child wants you to. A child's self-esteem is much more important than a few missed nits.
- DO NOT USE KEROSENE or any other flammable non-approved product!

Camas School District – Evidence-Based, Best Practice Management for Head Lice!

- Students with live lice – the child's parent/legal guardian will be notified that day by telephone or 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/her classmates. Confidentiality must be maintained. After treatment the child should be able to return to school the next day. Encourage families to remove as many nits as possible!
- Because head lice are most readily transmitted by direct head-to-head contact, **child care centers** where children share sleeping quarters may allow for easier spread. Therefore, it may be prudent to establish stricter criteria than in the school-based setting for identifying and treating others in these special settings once an index case is identified. It may be prudent to check other children who were most likely to have had direct head-to-head contact with the index child. Common sense should also prevail – does the identified child have hundreds of live lice and/or 2 live lice?
- In an **elementary school**, and again based on the index child having many live lice versus 1 or 2, the most efficient way to deal with the problem is to notify parents in that child's classroom with a note at the end of the day to check their child's head at home and treat if appropriate before returning to school the next day.
- The building nurse and/or health assistant may assist families by rechecking a child's head after proper treatment if requested to do so by the parent and/or principal.
- ***Noncompliant cases may be referred to the school principal for exclusion.***

Read the research:

Harvard School of Public Health

Head Lice: Information & Frequently Asked Questions

<http://www.hsph.harvard.edu/headlice.html>

American Academy of Pediatrics (AAP)

Head Lice, PEDIATRICS Vol. 110. No. 3, September 2002, pp 638-643

<http://www.pediatrics.org/cgi/content/full/110/3/638>

Center for Disease Control & Prevention (CDC)

Fact Sheet: Treating Head Lice

http://www.cdc.gov/ncidod/dpd/parasites/headlice/factsheet_head_lice_treating.htm

National Association of School Nurses

Position Statement – Pediculosis in the School Community

<https://www.nasn.org/Default.aspx?tabid=237>

Camas School District Policy:

http://www.camas.wednet.edu/district/school_board/policies/3000/3414P%20Infectious%20Diseases.htm