



Camas School District Parent Guidelines and Protocols for Students with Head Lice

SCHOOL HEALTH SERVICES

Camas School District Board of Directors approved a 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 based on evidence-based practice management.**

Information on Head Lice-

- 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; while inconvenient, head lice cause no medical harm and can be effectively treated
- 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 can get head lice.
- The adult louse (one) is 2 to 3 mm long (the size of a sesame seed).
- Live lice feed on human blood and live close to the scalp. Signs and symptoms of infestation include, tickling of the scalp, itching, irritability and difficulty sleeping (lice are more active at night) and sores on the head.
- 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.
- Schools are **not** the most common places where head lice are spread. Head lice are spread most commonly by activities that include direct head-to-head contact. For example, during play at home, slumber parties, sports activities, or camps.

Treatment

- Requires the use of over-the-counter or prescription medication, a pediculicide (medicine that kills lice) to treat an active infestation.
- It is important to contact your child's pediatrician or family physician as to using either an over-the-counter or prescription medication. Follow your physician's directions for treatment.
- According to the Center for Disease Control (CDC), there is no scientific evidence that home remedies are effective.
- Removing the nits (eggs) and live lice either manually or with a special metal-tooth comb is time-consuming but the most effective way to get rid of lice.
- Check each person in the household and treat only those with evidence of an infestation.
- Family bedding, recently used clothes, hats, and towels should be washed in very hot water (130°F). Personal items such as brushes and combs should be washed in hot soapy water or thrown away if they are exposed to the site of infestation (per CDC recommendations).
- Vacuum the floor and furniture where the infested person sat or lay.
- Although it is rarely necessary, items that cannot be washed can be bagged in plastic for 2 weeks
- 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.

Camas School District –Management for Head Lice

- Students with live lice – Confidentiality must be maintained. The child's parent/legal guardian will be notified that day by telephone stating that prompt, proper treatment (as directed by your health care provider) of lice is required. The child can remain in school for the remainder of the day if parent chooses. After treatment and removal of any live lice the child can return to school the next day. Families are encouraged to remove as many nits as possible.
- The school nurse may determine it is necessary to send a note home to parents of students in the classroom about lice information and to monitor/check their child at home. Confidentiality will be maintained.
- 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, nurse, and/or principal.
- **Noncompliant cases may be referred to the school principal for exclusion.**

References:

American Academy of Pediatrics (AAP)

Clinical Report Head Lice, PEDIATRICS Vol. 126, No. 2, August 2010, pp 392-403

<http://www.pediatrics.org/cgi/content/full/126/2/392> and <http://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Offers-Updated-Guidance-on-Treating-Head-Lice.aspx>

Center for Disease Control & Prevention (CDC)

Fact Sheet: Treating Head Lice

<http://www.cdc.gov/parasites/lice/head/treatment.html>

National Association of School Nurses

<https://www.nasn.org/ToolsResources/HeadLicePediculosisCapitis/HeadfirstLiceLessons>

Camas School District Policy 3414

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