



ADMINISTRATIVE PROCEDURE

PEDICULOSIS (HEAD LICE) CONTROL IN THE SCHOOLS

5164

Procedure No.

May 1, 2011

Date

- I. **PURPOSE:** To provide procedures for conducting an effective pediculosis control program in schools

- II. **BACKGROUND:** Head lice infestations are common in the United States among children age 3 to 12 years of age. All socioeconomic groups are affected and infestations are not associated with poor hygiene or with the spread of any disease. The only symptom is itching. Lice cannot hop or fly; they crawl. Therefore the transmission in most cases occurs by direct contact with the head of an infested individual. Indirect contact with personal belongings of an individual (combs, hats brushes, etc.) is much less likely but possible. (American Academy of Pediatrics 2002, Clinical Report). **Note: Dogs and cats do not carry head lice.**

- II. **DEFINITIONS:**
 - A. Pediculus capitis (*head lice*) are small parasitic insects exquisitely adapted to living mainly on the scalp and neck hairs of their human hosts.

 - B. Nits are the eggs of head lice.

- IV. **PROCEDURES:**
 - A. **School Nurses Role:** The school nurse is responsible for providing health education and anticipatory guidance to the school community regarding “best practices” of pediculosis control. The school nurse’s goals are to contain infestations, provide the appropriate health information for treatment and prevention, prevent overexposure to potentially hazardous chemicals, and minimize school absences.

 - B. **Screening:** Screening for nits alone is not an accurate way of predicting which children will become infested, and screening for live lice has not proven to have significant effect on the incidence of pediculosis in a school community. Therefore, the school nurse or nurse manager will screen only children who have symptoms. “Because a child with an active pediculosis infestation has likely had the infestation for a month or more by the time it is discovered, poses little risk to others, and does not have a resulting health problem, he or she should remain in class but be discouraged from close direct contact with others”. It is important that the confidentiality of the child be maintained. The following procedures will be followed:
 1. Children who have visible live lice or nits tightly attached at the scalp will be excluded from school at the end of the school day until the first treatment is completed.



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2. Egg cases further from the scalp are easier to see but tend to be empty or nonviable and are of no consequence.
 3. The school nurse will inform the principal or designee of any active cases of pediculosis in the school.
 4. The school nurse will also check siblings and close friends of the infested child and may notify school nurses in other schools where siblings may attend.
 5. Parents will be notified preferably by phone or by note at the end of the school day.
 6. The American Academy of Pediatrics recommends that in an elementary school the most efficient way to deal with the problem is to notify the parents of all of the children in the affected child's classroom, asking that they check their child's scalp at home. The school nurse will send home a Head Lice Fact Sheet from the Maryland State Department of Health and Mental Hygiene and a letter to parents of students in the index child's classroom.
- C. Excluded/Follow up: Students will be readmitted to school with proof of treatment such as:
1. A note from a medical provider or
 2. An empty package or box top from an over the counter medication and receipt of recent purchase.
 3. The school nurse will again rescreen all affected children 7 to 14 days after treatment and may recommend retreatment. Although it is recommended that parents attempt to remove as many nits as possible in accordance with the recommendation from The American Academy of Pediatrics and the National Association of School Nurses, no child with nits close to the scalp will be excluded from school after they have been treated with the appropriate medication.
- D. Environmental Interventions: The American Academy of Pediatrics recommends that only objects that touched the scalp, clothing, furniture or carpeting that came into contact with the affected child in the last 24 to 48 hours before treatment be cleaned. Lice cannot live off a human scalp for



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more than 48 hours. Items that can't be washed can be bagged in a tightly sealed plastic for 2 weeks. Carpet and furniture should be vacuumed.

- V. **RELATED PROCEDURES AND REFERENCES:** American Academy of Pediatrics (2009) report of the Committee on Infectious Diseases. *Red Book*, 28th edition pp. 495-497 Elk Grove, IL
- Frankowski, B.L., Weiner, L.B., the Committee on School Health and the Committee on Infectious Diseases (2002). *Clinical Report: Head Lice*. Pediatrics vol 110, No. 3 pp 638-643
- Maryland Department of Health and Mental Hygiene, March 2008. *Communicable Diseases Summary: Guide for Schools and Child care Settings*. Pp. 16
- National Association of School Nurses (2004). *Position Statement: Pediculosis in the School Community*. Retrieved July 20, 2009 from www.nasn.org
- VI. **MAINTENANCE AND UPDATE OF THESE PROCEDURES:** These procedures originate with the Division of Student Services, Department of Health Services and will be updated as needed.
- VII. **CANCELLATIONS AND SUPERSEDES:** This Administrative Procedure cancels and supersedes Administrative Procedure 5164, dated November 20, 1992.
- VIII. **EFFECTIVE DATE:** May 1, 2011.

Approved by:
William R. Hite
Superintendent of Schools

Attachments: Attachment 1, Parent Notification Letter
Attachment 2, Head Lice Home Checklist

Distribution: Lists 1, 2, 3, 4, 5, 6, 10, and 11