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SCHOOL PROTOCOL FOR HEAD LICE (Rev. September 2016)

- The American Academy of Pediatrics (AAP) released a clinical report regarding the subject of head lice in May 2015. Head lice (pediculosis) are a common and recurring nuisance among school age children and have been around since antiquity. Head lice infestation causes a high level of anxiety. The recent position statement released by the AAP serves to update schools, parents, and clinicians on the identification and treatment of head lice. The AAP state that head lice are not a health hazard or a sign of poor hygiene and are not responsible for the spread of any disease. As we summarize the recent position statement from the American Academy of Pediatrics, Kirby School District 140 strives to be most helpful to parents by making available accurate information about the diagnosis, treatment, and prevention of head lice in an understandable format for the entire school community.
- **When a cluster of children has been identified as having head lice** the students in that group who may have had an exposure will bring home a Head Lice fact sheet. The Head Lice fact sheet summarizes information from the American Academy of Pediatrics (AAP), the Centers for Disease Control and Prevention (CDC), and the National Association of School Nurses (NASN). There are many myths regarding head lice. The purpose of the fact sheet is to dispel myths and give the parent accurate information about this nuisance.
- **Nits found on the hair shaft:** Nits, which are lice eggs or empty egg casings, should not be confused with live lice. Nits aren't necessarily a sign of live lice infestation, and can sometimes be confused with dandruff or other hair debris. The adult head louse is about the size of a sesame seed and is usually tan to grayish-white. Nits are firmly attached to the hair shaft and can't be blown off; rather, they must be picked off with a fine toothed comb. In general, eggs or nits found more than 1 cm from the scalp are unlikely to be viable. If nits are discovered on the hair of your student, the parent / guardian will be called. Our expert resources; the AAP, the CDC, and NASN state that the child may remain in class as no disease is associated with this nuisance. Your child will bring home a Head Lice fact sheet informing the parent on treatment measures. You are advised to consult with your health care provider.
- **If live lice are seen on a student,** the school nurse will call the parent / guardian. We ask that you pick up your student and begin the treatment. When your student returns to school after being treated for head lice we ask that the student first be screened by the school nurse. The school nurse will also screen the student 7-10 days later. Parents / guardians are asked to inform the school nurse which product was used to treat the head lice. Parents / guardians are advised to consult with their health care provider and follow the treatment guidelines of the product used.
- **Classroom screening** for nits alone is not an accurate way of predicting which children are or will become infested. Screening for live lice has not been proven to have a significant effect on the incidence of head lice in a school community over time. Our expert resources; the AAP, the CDC, and NASN tell us routine classroom or school-wide screening should be discouraged. The school nurse may screen other children who were most likely to have had direct head-to-head contact with the infested child.

Clinical Report: HEAD LICE, American Academy of PEDIATRICS Volume 135, number 5, May 2015