

REGULATION

MONTGOMERY COUNTY PUBLIC SCHOOLS

Related Entries: JPB-RA
Responsible Office: Deputy Superintendent of Schools

Head Lice (Pediculosis Capitis)

I. PURPOSE

To establish procedures for preventing the spread of head lice (pediculosis capitis)

II. BACKGROUND

Head lice are common among children. Lice can be readily transmitted in schools, homes, camps, backyards, and playgrounds. According to the Center for Disease Control (CDC) and other health authorities, head lice are not a health hazard or sign of uncleanliness and are not responsible for the spread of any disease. Nits (lice eggs) that are not viable ($\frac{1}{2}$ inch or more from the scalp) do not cause the spread of head lice. The spread of lice is best prevented by providing parents/guardians with accurate information about the identification and treatment of head lice and nits.

A student is considered to have infestation with head lice if live lice and/or viable nits (those that are closer than $\frac{1}{2}$ inch from the scalp) are observed. Students with infestation are excluded from school to obtain treatment with a pediculocide in order to prevent spreading lice to other students. Health care providers are a resource for treatment. Removal of nits located $\frac{1}{2}$ inch or more from the scalp is recommended to avoid identification confusion.

Every effort should be made to minimize time away from school and to expedite treatment for students who are excluded due to head lice infestation. Head lice screening programs are not recommended by the American Academy of Pediatrics because the screenings have not proven to have a significant effect on the incidences of head lice in a school community.

III. DEFINITIONS

Head lice are tiny, wingless insects that live on the scalp and cause itching.

Nits are the oval eggs that the lice produce and attach to the hair strands close to the scalp. Viable nits are nits with the potential of hatching and becoming live lice and are usually located within $\frac{1}{2}$ inch of the scalp.

Pediculocides are medicated products (i.e. crème rinses or shampoos) used for the treatment of head lice.

IV. PROCEDURES

- A. At the beginning of each school year and as needed, the principal, working with the School Community Health Nurse (SCHN), should—
1. Send the *Lice Education Letter* and *Lice Fact Sheet* to parents/guardians. These documents provide information about identification, treatment, and prevention of head lice.
 2. Recommend parents/guardians inspect their children's heads upon return to school in the fall and every few weeks thereafter.
 3. Request that parents/guardians treat an infestation according to the recommendations provided in the *Fact Sheet* and notify the SCHN or School Health Room Aide (SHRA).
- B. If a student in a school is suspected of having head lice —
1. The person suspecting the lice infestation should contact the SCHN or SHRA or, if unavailable, a school-based administrator. The health staff will look closely through the hair and scalp of the student to determine if there are live lice and/or nits that are located $\frac{1}{2}$ inch or closer to the scalp.
 2. If all observed nits are located $\frac{1}{2}$ inch or more from the scalp, no further action is necessary.
 3. If live lice or nits located less than $\frac{1}{2}$ inch from the scalp are identified, the SCHN or SHRA will call the student's parent/guardian to inform him or her that lice infestation has been identified and to request that he or she pick up the student to obtain treatment. The health staff will review information contained in the *Lice Treatment Letter* with the parent, which includes information from the CDC on treatment, nit removal, and environmental precautions.
 4. If the parent/guardian is not available, the emergency contact person should be called and requested to pick up the student and should receive the *Lice Treatment Letter* to give to the parent/guardian.
 5. Parents/guardians will be informed that students identified as having live lice and/or nits located within $\frac{1}{2}$ inch of the scalp must be treated with a

pediculocide and that nits located within ½ inch of the scalp must be removed before students can return to school. Parents/guardians are encouraged to remove all other nits to minimize confusion between new and old infestations.

C. Upon Return to School—

1. The student should report to the health room accompanied by the parent/guardian.
2. The SHRA or SCHN should inspect the student's head to assure the absence of live lice and nits located within ½ inch of the scalp before the student may return to class.
3. The parent/guardian should provide a note stating that the student has been treated with a pediculocide or provide a health care provider's note stating the student does not have a live head lice infestation or viable nits.

D. Follow up—

1. Ten days after the initial treatment of a lice infestation, the SHRA or SCHN will send a letter to parents/guardians advising them to re-inspect their child and re-treat if necessary according to the pediculocide treatment instructions.
2. Request the parent/guardian return a note stating that he or she has re-inspected his or her child and the child does not have live lice or nits located ½ inch or closer to the scalp.

V. RESPONSIBILITIES

A. The SCHN should—

1. Review the procedure for head lice control, including environmental precautions and parent/guardian letters with the principal;
2. Orient the SHRA and the principal about head lice control and serve as a resource to the school staff, parents/guardians, and students;
3. Follow Procedures in Section IV. above;
4. Recommend students for exclusion;

5. Offer informational/educational programs about head lice identification, treatment, and prevention that are consistent with current research to school staff, parents/guardians, students and/or volunteers;
6. Contact the families of students with repeated infestations, and/or make home visits if necessary, to discuss health information, treatment procedures, nit removal, environmental control, and possible reservoirs of infestation including the student's after-school friends;
7. For recurrent lice infestations, visit the child's classroom to identify any environmental factors that may account for the spread of lice in the school environment (i.e., sharing of hats, storage of coats, etc.); and
8. Monitor the students who are excluded to assure that they obtain proper treatment and that their parents/guardians respond to the information provided in the follow-up letter to try to prevent their re-infestation.

B. The principal, working with the SCHN, should do the following:

1. Send *L-6 Lice Alert* and the *Head Lice Fact Sheet* to all school families at the beginning of the school year and as needed.
2. Exclude students who are identified by health staff as having infestation with live lice and/or nits located ½ inch from the scalp.
3. Support health staff in their efforts to provide accurate head lice education for staff, students, and parents/guardians.
4. Facilitate timely treatment and the return to class for students who have been excluded due to live lice or nits located within ½ inch from the scalp.

C. The SHRA will do the following:

1. Recommend students for exclusion if they have live lice or nits located within ½ inch from the scalp.
2. Provide post-lice treatment follow-ups as listed in Procedures (Section IV. above).
3. Report the following information on the Health Room Daily Summary and Monthly Report or in the Health Room Online (HERO) Monthly Summary:

- a) the number of students inspected for live lice infestations
- b) the number of students who have been found to have live lice infestations and/or nits located within ½ inch of the scalp
- c) the number of students excluded for having live lice infestations and/or nits located within ½ inch of the scalp

Regulation History: New Regulation, October 1982; revised July 23, 1997; revised July 20, 1998; revised June 22, 2006; revised December 10, 2007.