



March, 2017

MESD SHS RECOMMENDATIONS FOR HEAD LICE:

- Students found with nits or lice should remain at school.*
- Students with lice or nits are to receive written treatment information, sent home with them at the end of the day. Students may ride the school bus and attend school activities.
- Whole school and classroom screenings are discouraged in all schools.

RATIONALE:

- MESD nurses and SHAs follow current best practice and evidence-based recommendations, which do not recommend school exclusion as an effective prevention/management measure for head lice.¹
- Head lice do not carry diseases.³
- Students should not be denied their right to privacy or access to instructional time due to unwarranted lice checks.
- The burden of unnecessary absenteeism to students, families, and communities far outweighs the perceived risks associated with head lice.²

GOALS:

- Promote attendance and academic success, and minimize classroom disruption and violations of privacy.
- Emphasize parent involvement as the key to preventing and treating lice. Encourage weekly at-home head checks during the school year.
- Address school lice concerns through accurate health education and treatment recommendations, prevention, and parent involvement, rather than unnecessary screenings and exclusions.

FACTS SUPPORTING THIS ACTION:

- Lice are not a vector for disease, or a public health threat. Head lice are a nuisance, not a communicable disease.³
- Exclusion due to head lice causes unnecessary absences from school and work. Misdiagnosis is common.
- Schools in Oregon and nationally are implementing less restrictive policies and procedures for managing head lice and are not experiencing increased infestations.²
- Screenings and exclusions do not decrease the incidence of lice in a school community over time, are not cost effective, and potentially violate student privacy and right to education.¹
- By the time an active head lice case is identified, the child may have had the condition for one month or more. There is little additional risk of transmission to others on the day of discovery. Head lice cling to hair, cannot jump or fly, and are most often transmitted by direct head to head contact. Lice do not survive off the scalp after 48 hours.²
- Education of parents, students, and staff is the most effective tool in managing head lice in the schools and in the broader community.²

**The American Academy of Pediatrics, The Centers for Disease Control and Prevention, the National Association of School Nurses, and the Harvard School of Public Health recommend that students with nits or head lice not be excluded from school.*

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Reference Summaries:

1. American Academy of Pediatrics (AAP) - Council on School Health, Committee on Infectious Diseases. Head Lice. *Pediatrics*. 2015;135(5): e1355–e1365 - October 01, 2015:
 - No healthy child should be excluded from or allowed to miss school time due to head lice, because head lice have low contagion within classrooms.
 - Students with lice should be discouraged from close direct head contact with others.
 - No-nit policies for return to school should be abandoned
 - The child's parent or guardian may be notified that day by telephone or by having 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 or her classmates.
 - School personnel involved in detection of head lice infestation should be appropriately trained, emphasizing the importance and difficulty of correctly diagnosing an active head lice case.
 - Head lice screening programs have not proven to have a significant effect over time on the incidence of head lice in the school setting, and are not cost-effective.
 - Parent education programs may be helpful in the management of head lice in the school setting.

2. National Association of School Nurses. (2016). *Head Lice Management in the School Setting* (Position Statement). Silver Spring, MD: Kathy M. Strasser, MS, RN, NCSN
 - The management of head lice in the school setting should not disrupt the educational process.
 - Research data does not support immediate exclusion upon the identification of the presence of live lice or nits as an effective means of controlling pediculosis transmission.
 - By the time a child with an active head lice infestation has been identified, he or she may have had the infestation for one month or more and, therefore, poses little additional risk of transmission to others.
 - When transmission occurs, it is generally found among younger-age children with increased head-to-head contact.
 - Children found with live lice should remain in class, but be discouraged from close direct head contact with others.
 - Parents/caregivers will benefit from receiving treatment information from the school nurse emphasizing the importance of regular surveillance at home, evidence-based treatment recommendations, and education to dispel head lice myths.
 - The education mission of schools will be supported by implementing evidence-based policies and strategies under the guidance of the school nurse.
 - The burden of unnecessary absenteeism to the students, families, and communities far outweighs the perceived risks associated with head lice.

3. Center for Disease Control and Prevention: Head Lice Information for Schools, 2015
 - Students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun.
 - Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.
 - "No-nit" policies that require a child to be free of nits before they can return to schools should be discontinued for the following reasons: Many nits are more than 1/4inch from the scalp- usually not viable, and very unlikely to hatch to become crawling lice- may in fact be empty shells, also known as casings; nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people; misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel.