



# YISD Lice Prevention, Control, and Treatment Protocol

**Student Health Services**  
**Revised: June 2017**



## Facts about Head Lice

- It is estimated that 6 million to 12 million infestations occur each year in the United States in children ages 3-12.
- Getting head lice is not related to cleanliness of the person or his or her environment.
- Lice can live up to 30 days on a person's head and lay from 50 to 150 eggs. To live, adult lice need to feed on blood every 3 to 6 hours. If the louse falls off a person, it dies within 2 days.
- Head Lice are not dangerous and do not transmit disease, but are easily spread. Head lice cannot jump or fly (CDC, 2012).



## Transmission

- The most common way to get head lice is by head-to-head contact. Such contact can be common among children during play at: school, home, and elsewhere (e.g., sports activities, playgrounds, camp, and slumber parties).
- Other transmissions may occur by: sharing of clothing such as hats, scarves, coats, sports uniforms, or hair ribbons worn by an infested person. Using infested combs, brushes or towels, or lying on a bed, couch, pillow, carpet, or stuffed animal that has recently been in contact with an infested person.



# Head Lice Infestation is a Social Issue, Not a Health Threat

“No nit” policies place a disproportionate amount of emphasis on head lice management than on real health concerns which should be a higher priority. This over-emphasis can lead to unproductive use of time by school staff and parents, missed classes, and unnecessary absences.



## Texas State Law about Head Lice

- There is no statute in Texas that addresses excluding children with head lice from school.
- Lice are not a public health threat as they do not carry disease.
- The Department of State Health Services does not monitor or track cases of head lice.
- It is up to each school district to create head lice policies.



## NO to “No-Nit” Policies

- A “no nit” policy is one that excludes students from school based on the presence of lice eggs whether or not live lice are present. The Department of State Health Services (DSHS) does not recommend a “no nit” policy. They do recognize, however, that school districts may adopt one as a local option.
- DSHS urges school districts to ensure that its policy does not cause children to miss class unnecessarily or encourage the embarrassment and isolation of students who suffer from repeated head lice infestations.
- Lice are the cause of much embarrassment, misunderstanding, and many unnecessary days lost from work and school. “No-nit” policies which keep students with lice home as long as they have any evidence of an infestation do not benefit these students or their classmates.



## DSHS Recommendation for setting School Policies

- Facilitate efficient and consistent implementation by all campuses.
- Ensure all children are treated in a fair and equitable manner.
- Protect school nurses, teachers and other school staff.
- Create peace of mind for administrators and parents.



# Lice Protocol Recommendations Based on the Most Current Guidelines

- Based on recommendations from the American Academy of Pediatrics (AAP) 2015, Texas department of Health, Centers for Disease Control (CDC), National School Nurses Association (NSNA), The National Pediculosis Association (NPA) and YISD School Health Advisory Committee (SHAC).
- The purpose will be to facilitate efficient and consistent implementation by all school campuses.
- Ensure all students are treated in a fair and equitable manner.
- Prevent the spread of lice by using a team approach among nurses, teachers, administrators and parents.





## School Nurse Responsibilities

- Screen students sent to nurse's office displaying symptoms by parent or teacher.
- Screening will be done on an individual basis for students reporting or demonstrating symptoms (i.e., lice visible in hair &/or scratching scalp).
- Current evidence does not support the efficacy and cost effectiveness of classroom or school wide screening for decreasing the incidence of head lice among school children (Centers for Disease Control, 2007) (American Academy of Pediatrics, 2010).
- The nurse's office will have available educational materials about lice and provide health teaching regarding prevention, detection, and treatment of lice for students, staff and parents as needed.



## Initial Identification of Lice Infestation

- Cases of lice should be confirmed by the School Nurse.
- Children with live head lice will be referred to their parents/guardians for treatment.
- School Nurse will recommend that child be picked up from school and given first treatment. Child can return to school after first treatment.
- If parent cannot pick up child, the child may remain in the classroom or the nurse's area prior to the parent's arrival, whichever is less embarrassing for the child's particular situation.



## Initial Identification of Lice Infestation

- A treatment plan and educational information will be given to the parents.
- Based on the American Association of Pediatrics, 2010 recommendations, alert letters will only be sent home in the event of a high percentage of students in a classroom being infested as this may cause unnecessary public alarm. YISD SHAC recommends a child with live lice is sent home immediately to receive the first treatment. A grade level notification letter will be sent home.



## Identification of Nits Infestation

- Students identified with nits only will have their parent/guardian contacted to see if treatment has taken place within the last seven days.
- The name of the treatment product will be provided to the school nurse by the parent/guardian to ensure safe and appropriate treatment was given.
- Educational material about nit removal treatment & prevention of lice will be provided by the school nurse and explained to parent/guardian.



## Identification of Nits Infestation

- It is advised to discontinue the use of any treatment at the earliest sign of failure & to avoid using other chemicals.
- Manual removal is the best option whenever possible, especially when treatment products have failed (The National Pediculosis Association, 2014)



## School Staff/Faculty Responsibility

- Survey the classroom environment regularly for students displaying signs of lice or items in the classroom that could be contributing to the spread of lice.
- Send students to the nurse's office for inspection by the school nurse if lice are visible or the student is constantly scratching their scalp.
- Discourage and reinforce to students No sharing of hats, combs, hair bows and clothing.
- All school staff should be careful and not allow piling of coats during PE, recess, before and after school.



## YISD Classroom Control Measures

- The Nurse will provide teachers with the “Checklist for Classroom Lice Control.” Contact the nurse for any questions regarding classroom lice control.
- Teachers are expected to follow the guidelines to prevent the spread of lice.
- At all times, schools are encouraged to discontinue fabric-covered items, i.e., stuffed animals, pillows, blankets used by more than one child. Teachers are recommended to separate students coats/sweaters and backpacks.



# YISD Recommendation For Classroom Control Measures

- Play items (hats, wigs, dress-up clothes, etc.) cleaned after each student's use.
- Sweaters, coats and hats to be placed in each student's backpacks and placed on back of student's chair.
- Student's personal items (combs, brushes, hats, scarves, sweaters, coats, etc.) are not shared.
- Carpet is vacuumed daily.





## YISD Recommendation For Classroom Control Measures

- No sharing of cloth or upholstered pillows, mats etc.
- Headphones are visually checked after each student's use.
- Observe students for frequent or consistent scratching of head or neck and send to nurse's office.



## Treatment Failures and Frequent Re-infestations

- If live lice are found following treatment, the nurse should notify parent/guardian.
- The nurse will investigate and make further recommendations to the family or possible medical referral for prescription treatment options, if available.
- Resistance to some over-the-counter (OTC) head lice treatments has been reported, but the prevalence is not known (AAP, 2015).
- The NPA advises parents to discontinue the use of any treatment at the earliest sign of failure & to avoid using other chemicals. (NPA 2014).
- *Manual removal of nits is the best option, especially when treatment products have failed.* (The National Pediculosis Association, 2014).



## Parent/Guardian Responsibility

- Check child's hair daily for nits and/or live lice.
- Provide treatment and manually remove nits daily.
- Provide second treatment per instructions on lice product.
- Communicate with school nurse regarding progress or concern.



## Parent/Guardian Responsibility

- Parents/Guardians need to make lice screening a part of their family routine.
- Educate and reinforce No sharing of hats, combs, hair bows and clothing.
- Parents/guardians should follow the recommendations and /or treatment guidelines from their health care professional or student's nurse.