

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 DEPARTMENT OF HEALTH



Safe and Healthy Lives in Safe and Healthy Communities

HEAD LICE - PRINCIPLES THAT SHOULD GUIDE SCHOOL POLICIES

USEFUL INFORMATION	BASED ON CURRENT MEDICAL KNOWLEDGE, THE FOLLOWING STEPS ARE SAFE AND EFFECTIVE PROTOCOLS
<ul style="list-style-type: none"> ▪ One of the worst problems of head lice is adult attitudes. 	1. A single round of mass screening (lice checks) is recommended in Sept-Oct to detect children entering school with infestation,
<ul style="list-style-type: none"> ▪ Having head lice is not a serious medical condition. 	2. These children should be sent home at the end of the day with an educational pamphlet on lice and nits for the parent, and detailed instructions for two-step (optionally day 0 and day 7 to 10) home treatment and nit removal..
<ul style="list-style-type: none"> ▪ Over treatment with lice treatment shampoos is more serious than head lice. 	3. These children may return to school as soon as the first treatment is completed.
<ul style="list-style-type: none"> ▪ Irrational reactions to head lice can lead to fumigating classrooms, school, buses, etc.. This is expensive and unnecessary 	4. Do not check for nits (dead or alive) or enforce a no-nit policy for those who have been treated. It is not productive.
<ul style="list-style-type: none"> ▪ Much information about head lice is based on old, unproven information generated more than 80 years ago, some of it propagated by the companies who profit from the sale of lice shampoos and sprays 	5. Repeated rounds of mass screening are not recommended.
<ul style="list-style-type: none"> ▪ Direct physical head to head contact is the usual method of transmission. 	6. During the course of the school year, children will be brought to the notice of the school nurse as suspected cases of head lice from a variety of sources (teachers, students, other parents and affected children themselves). Repeat steps 2, 3, and 4 with these children.
<ul style="list-style-type: none"> ▪ Transmission via clothing, hats, furniture, carpets, school bus seats and other objects is not likely because of the biology of head lice. 	7. If a child does have live lice on his/her head, the possibility of transmission ot others has already been present for at least a month before any symptoms or detection was possible. To IMMEDIATELY EXCLUDE that child, especially if the child will just be sitting somewhere else in the school,, CANNOT BE JUSTIFIED from either a medical, nursing or social perspective, and sends a negative message to the child.
<ul style="list-style-type: none"> ▪ Lice are fragile, and the chances of being passed on hats and combs are low. 	8. In the rare event of a major uncontrolled transmission situation, implement a protocol for aggressive control. Components of such a protocol should include notification of parents of all children in the school to educate them about lice and to watch their children for infestation. Implement environmental measures such as separating headgear and jackets. Ensure treatment is completed prior to having children return to school for diagnosed cases of infestation.

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<ul style="list-style-type: none"> ▪ Carpets, furniture and pets are not sources of infestation 	9. Never tell a parent to treat “just in case”. The shampoos can be toxic and may cause real health problems.
<ul style="list-style-type: none"> ▪ There is no significant relationship between hair length or personal cleanliness and transmission. 	10. Parents may have misconceptions and prejudices, which places pressure on school staff. As with any health condition, educating and supporting the child and parent with factual, non-judgmental information is better than having policies and practices driven by misinformation.
<ul style="list-style-type: none"> ▪ It is unlikely that a nit on a stray hair shaft will hatch because the only optimal conditions exist on the human head. 	
<ul style="list-style-type: none"> ▪ Stray lice that fall off a head are either injured or dying and incapable of causing a new infestation. 	
<ul style="list-style-type: none"> ▪ In time, inbreeding of lice on a person’s head causes them to die spontaneously, that’s why kids do not become covered with them. It is a self-limiting condition. 	
<ul style="list-style-type: none"> ▪ It is possible to tell whether treatment has been successful by the appearance of the eggs. 	
<ul style="list-style-type: none"> ▪ CONSIDERING THE AVERAGE CASE OF HEAD LICE IS 3-4 MONTHS OLD BEFORE IT IS DETECTABLE, A STRICT NO-NIT POLICY IS NOT NECESSARY OR EFFECTIVE AND ONLY DEPRIVES CHILDREN OF EDUCATIONAL TIME. 	
<ul style="list-style-type: none"> ▪ Although schools, day care centers, etc. are often blamed for head lice outbreaks, it is the family unit that maintains cases leading to outbreaks in schools. 	
<ul style="list-style-type: none"> ▪ African Americans rarely get hair lice. 	