

# Appleton Village School Head Lice Guidelines and Protocol

## Table of Contents

1)	Introduction	2
2)	Appleton Village School Head Lice Protocol	3
	• Procedure	3
	• Roles and Responsibilities	
	○ Parents	4
	○ Appleton Village School	4
3)	General Parent/Guardian Education	5
4)	References	7

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## Introduction

The information contained in this document was developed based on current research and knowledge obtained from guidelines set forth by the American Academy of Pediatrics (AAP), the Centers for Disease Control (CDC), Maine Department of Education (DOE) and the National Association of School Nurses (NASN).

Lice infestations are most likely to occur in preschool and elementary age students and their household members, regardless of socioeconomic status. Head lice are not a health hazard or a sign of poor hygiene and are not responsible for the spread of any disease. The most challenging aspect of head lice is not the condition itself but peer, school staff and parent's reaction and emotions that occur when head lice is suspected. A lice infestation is made worse than it should be when parents, school and/or the community reacts with fear and anger, creating an environment of anxiety. This overreaction often creates anger directed towards parents and/or the school personnel and it often leads to teasing or alienation of the child, which can impact his or her self-esteem. The AAP, CDC, and NASN recommend the routine notification to others except for parents/guardians of student(s) with head lice infestations be discontinued due to confidentiality and social emotional concerns.

In the past, many schools implemented "no live lice" and "no nit" policies. These policies have been found to cause unnecessary school absences for children and loss of parent workdays and family wages. Current research shows that the presence of nits do not indicate active infestations and do not lead to any disease process. The AAP recommends that classroom or school-wide screening should be strongly discouraged due to the lack of evidence of efficacy and instead suggests that schools help educate parents in diagnosing and managing head lice.

The CDC, the AAP, and the NASN all recommend that children not be excluded from school for having head lice and that the management of head lice should not interfere with a child's learning. Exclusion from school can negatively affect children emotionally, socially and academically. The AAP further recommends that since a child with an active head lice infestation has likely had the infestation for a month or more by the time it is discovered, poses little risk to others, and does not have a resulting health problem, the child should remain in class but be discouraged from close direct head contact with others. If a child is assessed as having head lice, confidentiality must be maintained so the child is not embarrassed. Every attempt to notify the child's parent or guardian will be made the same day. Parent's or guardians will be educated on the prompt, proper treatment of head lice. The child should be allowed to return to school after proper treatment has been initiated.

## Appleton Village School Head Lice Protocol

Appleton Village School recommends a lice protocol that focuses on minimizing the impact on classrooms, minimizing the students time out of the classroom and providing parents with information for the necessary treatment of head lice.

### Procedure

**If a case of lice is suspected/found, the following protocol will be followed:**

1. The school nurse, or trained designee, will check the student for head lice, if indicated.
2. Once a case is confirmed, the school will call the parent and notify them of the head lice and the procedures to follow. The school nurse or trained designee, will comb out as many lice as possible using a wet comb method. It is preferable to have the parent/guardian pick up the child at school so information on procedures for treatment can be discussed. Immediate removal of the child from the classroom is unnecessary. If a student has lice, they may have been infested for weeks and immediate removal of the student from the classroom could lead to a breach in confidentiality and unnecessary embarrassment. If the student is able to continue learning, they can be sent home at the end of the day and should be allowed to ride the bus home. Transmission via school bus seats is not likely because of the biology of head lice.
3. If the parent is unable to pick the student up, the school nurse, or other designee, will email and send a paper copy of instructions home with the student in the child's backpack.
4. The student with suspected head lice should be restricted from activities involving close contact (i.e. hugging) or sharing personal items (i.e. hats, clothing, brushes) with other children until treated.
5. If several cases of head lice occur in the same classroom the principal may choose to send a letter home by Swiftreach notifying classmates' parents that a case of head lice is suspected and asking them to check all of their children for head lice.
6. Siblings and close relatives in the school will be checked.

## **Roles & Responsibilities**

### **Parents have the ultimate responsibility for their children. This includes:**

- Assisting in the prevention and management of head lice cases by regularly checking their children's hair and immediately treating when head lice is detected.
- If a child has head lice, daily combing is key to eliminating head lice.
- A 2016 study showed that 48 states now have lice that are genetically predisposed to resistance to commonly used treatments. Your child's pediatrician can prescribe a shampoo that does not require daily combing.

### **Appleton Village School has the responsibility to:**

- Designate individuals who will be responsible to check students who are suspected of having head lice.
- Verbally notify a parent or guardian if their child has head lice. If the school is unable to reach the parent or guardian by phone, an email or Seesaw message will also be sent instructing the parent to call the school.
- Send home lice educational materials by email and with the student, in their backpack
- Cleaning the environment.
- Educate students on how to prevent transmission of head lice during the school year.
- Maintain the confidentiality of each student and treat each family with respect.
- Provide education in the school newsletter at the beginning of the school year on head lice protocols and periodically throughout the school year.
- Confer with parents on recurrent, exceptional or challenging cases of head lice.
- Be available as a resource for questions or concerns.

## **SAMPLE PARENT/GUARDIAN EDUCATION**

As we start a new school year, we are sending this letter to all parents to increase head lice awareness so that you may take steps at home to help prevent your child from becoming infested with head lice. Any time children come together, head lice cases commonly increase. Please encourage your child not to share or trade personal items such as hats, combs, brushes, hair bands, headbands, clips, as well as helmets or headphones with foam protectors.

Direct, physical hair-to-hair contact is the usual method of transmission. Lice do not jump, fly or swim. They do crawl. Check your child's head weekly for lice and/or nits (eggs). Mature lice, which are the size of a sesame seed, avoid light and are hard to see (see photo below). Lice eggs or "nits" are usually found close to the scalp, usually within ¼ inch (see photo below). The nits can be white or yellowish in color, tear drop shaped, and are firmly attached at an angle to the hair shaft close to the scalp behind the ears and on the back of the neck. They cannot easily be flicked away as dandruff can. Head lice do not transmit disease and are not a serious medical condition, they are just a nuisance. They cannot survive on pets. If you find head lice on your child, we ask that you keep them home until proper treatment (such as NIX or RID) has been started. Continue to examine all family members for 3 weeks and treat if live lice or nits close to the scalp are found. Please reach out to your child's health care provider if you have difficulty removing lice on your child after using over the counter treatments.

### **CHECK REGULARLY – TREAT QUICKLY Keep Head Lice Off Your Child**

#### **What do head lice look like?**

Head lice have three forms: the egg (also called a nit), the nymph, and the adult.

Actual size of the three lice forms compared to a penny. (CDC Photo)



Illustration of egg on a hair shaft. (CDC Photo)



**Egg/Nit:** Nits are lice eggs laid by the adult female head louse at the base of the hair shaft nearest the scalp. Nits are firmly attached to the hair shaft and are oval-shaped and very small (about the size of a knot in thread) and hard to see. Nits often appear yellow or white although live nits sometimes appear to be the same color as the hair of the infested person. Nits are often confused with dandruff, scabs, or hair spray droplets. Head lice nits usually take about 7-9 days to hatch. Eggs that are likely to hatch are usually located no more than  $\frac{1}{4}$  inch from the base of the hair shaft. Nits located further than  $\frac{1}{4}$  inch from the base of hair shaft may very well be already hatched, non-viable nits, or empty nits or casings. This is difficult to distinguish with the naked eye.



Nymph form. (CDC Photo)

**Nymph:** A nymph is an immature louse that hatches from the nit. A nymph looks like an adult head louse, but is smaller. To live, a nymph must feed on blood. Nymphs mature into adults about 7–12 days after hatching from the nit.



Adult louse. (CDC Photo)

**Adult:** The fully grown and developed adult louse is about the size of a sesame seed, has six legs, and is tan to grayish-white in color. Adult head lice may look darker in persons with dark hair than in persons with light hair. To survive, adult head lice must feed on blood. An adult head louse can live about 30 days on a person's head but will die within one or two days if it falls off a person. Adult female head lice are usually larger than males and can lay about six eggs each day.

For step by step instructions on how to remove head lice, please visit:

<https://www.healthychildren.org/English/health-issues/conditions/from-insects-animals/Pages/signs-of-lice.aspx>

Thank you for your help and support.

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