

**DeKalb County Health Department  
Communicable Disease Program  
Position on Pediculosis in the School Setting**

**Rationale:**

- Head lice or pediculosis is not an infectious disease, a health hazard, or a sign of poor hygiene. Lice are not responsible for the spread of any disease; however, there remains significant anxiety and stigma around the subject of head lice. Many children are ostracized from their friends, social events, and schools resulting in unnecessary interruption of the educational process. Approaches to head lice should take both the scientific knowledge and public expectations into consideration.
- Head lice are often misdiagnosed, over-treated, and a cause for frequent absenteeism –thus an unnecessary interruption of the educational process.
- The most recent guidance from the American Academy of Pediatrics (AAP) recommends that efforts should focus on correct identification and appropriate (not overtreatment) of active lice infestations. Although nits (lice eggs) are not communicable between person to person, when identified properly, they can be used as a good indicator of live lice infestation or past infestation since live lice can often be difficult to see on the head.

**Position:**

The DeKalb County Health Department does not establish or regulate the head lice policies established by each school or district. The Health Department ultimately supports the school's policy concerning head lice but seeks to inform recommendations and guidance based on the following principals:

- Head lice infestations have been shown to have a low contagion in classrooms. Due to the kind of environment and activities, schools are not often the environment where lice transmission is most likely. Common sense and calm should prevail within a school.
- Because a child with an active head lice infestation likely has had the infestation for 1 month or more by the time it is discovered and poses little threat to himself or others, he or she should remain in class but be discouraged from close direct head contact with others. A school health professional should notify a parent/caregiver by the end of the day of the infestation.
- Likewise, no healthy child should be excluded school or sent home early solely because of observed or suspected head lice or nits. Letters to parents may be warranted when number of lice cases exceeds an expected number; the school policy for sending letters for lice should be consistent with that of sending letters home for other common childhood conditions.
- School and early childhood health professionals should provide information on the biology of head lice, treatment and prevention (including over-the-counter pediculocidal shampoos and/or manual removal of lice and eggs) to parents/guardians of children with lice infestations. Information from the Centers for Disease Control ([www.cdc.gov](http://www.cdc.gov))
- If nits alone are found on a child, the health professional should re-examine the child or recommend that the parent check the child in a week to 10 days. Combing or a pediculocide that kills lice eggs could be used based on the health professional and parent judgement and distance/location of nits from the scalp and on the head (nits more than ¼ inch are often a sign of past infestation and not an active infestation).

- School-wide or classroom-wide checks or screening are not recommended as a check at one point in time can create false assurance that children are lice or nit free.
- The American Academy of Pediatrics and the National Association of School Nurses discourage “no-nit” policies that exclude children from school. The child can return to school even if nits remain after treatment or manual removal of live lice. Progress in removal of nits and treatment (less no nits found, discussion with parent about methods used, etc.) can be checked by a school health professional upon entry to school to help ensure a reduction in potential lice transmission in the school setting. Monitoring for sign of re-infestation in 7-10 days is suggested.
- For issues related to shared equipment or supplies, attention can be given to provide a barrier when appropriate between the child and the equipment, and the equipment can be cleaned or wiped between uses as an additional precaution. In a school setting, many items need to be shared for educational purposes and for appropriate resource allocation. Helping families understand the difference between not sharing personal items (hairbrushes, accessories, hats, etc.) and those items meant to be shared (computers, books, equipment) is an important distinction.

### General Treatment Information:

- Repetitive and frequent use of pediculocide treatments is not recommended because of the associated hazards and potential resistance. Treatment labels should always be followed.
- If live lice remain after treatment, a second treatment is recommended around 10 days after the first treatment.
- Children should be referred to a physician for repeat (more than 3, in most cases) lice infestations.
- Massive cleaning efforts of the household environment are not recommended. The most effective and time-efficient measures to recommend for parents/guardians are:
  - Check all household members (including adults) of children with live lice
  - Launder linens, pajamas, and towels of the infested person; wash hairbrushes/combs in hot water
  - Vacuuming of carpets, furniture, and car seats is usually sufficient to pick up live lice that may still be surviving in the household environment.

#### Sources:

*Head Lice clinical report from the American Academy of Pediatrics, 2015*

*National Association of School Nurses Position Statement on Pediculosis in the School Community, November 2016*

*The Center for Disease Control and Prevention Fact Sheet: Treating Head Lice*

*Revised November 2016*