 YONKERS PUBLIC SCHOOLS	Title/Description: Lice (Head): Pediculosis Humanus Capitis	Approved by: Dr. Ammir Rabadi, MD
	Date Effective: 2/22/23	Section: YPS Health Services


Protocol Regarding the Management of Head Lice in the School Setting

Head lice infestation is a common worldwide occurrence with both social and medical implications. In the US 6-12 million cases are diagnosed annually, usually between the ages of 3-11. Growing medical evidence suggests the presence of head lice in the school setting should not disrupt the educational process for the following reasons, head lice:

1. are a nuisance, but do not spread disease or pose a health hazard;
2. are not a vector for the transmission of infection;
3. do not jump, hop or fly;
4. are not a sign of poor personal hygiene or cleanliness in the home or school;
5. are diagnosed, on average, after 30 days of infection;
6. are not an emergency;
7. may create unnecessary absenteeism to the students and families that far outweigh the risks;
8. may create social stigma and adversely affect students emotionally, socially, and academically.

It is the position of Yonkers Public Schools after a review of the recommendations from the Centers for Disease Control, American Academy of Pediatrics, and National Association of School Nurses, among other governing medical authorities that management of head lice (*Pediculus humanus capitis*) infestations in school settings should not disrupt the educational process, this includes the elimination of:

1. Classroom screening,
2. Forced absences from school for nits and/or live lice and,
3. Broad notification that a case of head lice has been found,
4. Rescreening of students after treatment.

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Procedure:

A single student suspected of Head Lice:


If a student is suspected of having head lice, confidentiality will be maintained and the student may be sent to the nurse for evaluation. The nurse will document his/her findings and the parent will be notified and provided with the appropriate recommendations for follow-up. The student, with rare exceptions, will return to class. No further information will be disclosed to the classroom.

Procedure when a student is found to have nits or live head lice:

1. Students with nits or live head lice will remain in school, (with rare exceptions).
2. The parent/guardian of the student shall be notified that day via phone that their child was found to have live head lice or nits. If they cannot be reached, a sealed letter will be sent home.
3. The parent/guardian will be provided with information regarding resources for treatment if live head lice are found and informed of the possibility of “nits” and referred to their clinician for further health guidance.
4. A letter to the parent/guardian including information related to the detection and elimination of head lice shall be sent home with the student in a sealed envelope.
5. It will be recommended to parents/guardians of a student with live lice that the student be treated as soon as possible, ideally before returning to school.
6. There is no need to re-examine the student upon their return.
7. Students with persistent symptoms only, 14 days after treatment can be re-examined if referred to the nurse and parents notified of findings. No student will be routinely examined after receiving treatment.

Multiple Students in a Classroom are Diagnosed:

A general letter on the manifestations of and awareness for parents will be sent home for the classroom if multiple students have been reported as positive. No classroom evaluation will be conducted.

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Preventing the Spread of Infection

Most transmission occurs in the household related to close direct contact. The spread of head lice by contact with inanimate objects (such as combs, brushes, hats, helmets, headphones and hair accessories) is not common. Separating coats, jackets, combs, brushes, or other personal items has not been found to be effective.

Screening for head lice cases in schools is no longer recommended. This practice is not cost-effective, can increase community anxiety, create social stigma and embarrassment, and put students' rights to confidentiality at risk. Full classroom or school-wide screenings for head lice will no longer be conducted.

While no specific procedures have been found to completely prevent head lice infestations, the following tips may help prevent and control the spread of head lice in the school setting.


1. Encourage students to avoid head-to-head contact, and sharing hats, coats, pillows, or other personal items. Wearing protective helmets or sporting equipment should never be discouraged due to a fear of head lice.
2. Consult with the school nurse and YPS Health Services to provide education, support, and referral advice to parents, guardians, and/or families regarding the causes, transmission, assessment, and treatment of head lice as well as the importance of regular home surveillance.
3. If a student is found to have head lice, notify the custodian to vacuum the affected classroom and all upholstered furniture within.
4. Parents will be asked to conduct screenings on all household members in the family.
5. Provide the parents, guardians, and/or families of infected students with evidence-based treatment recommendations and support the implementation of treatment procedures.
6. Provide the most recent guidance on measures to take at home from the CDC:

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Prevention:

School transmission is rare. Transmission generally occurs in the household, with head-to-head contact with someone who has an infection. Spread by contact with clothing, (hats, scarves, coats), or other personal items, (combs, brushes, or towels), is uncommon in the school environment, however, following actions can help prevent and control the spread of head lice in the household and the school setting:

- Avoid head-to-head (hair-to-hair) contact during play and other activities at home, school, and elsewhere (sports activities, playground, slumber parties, camp).
- Do not share clothing such as hats, scarves, coats, sports uniforms, hair ribbons, or barrettes.
- Do not share combs, brushes, or towels. Disinfect combs and brushes used by an infested person by soaking them in hot water (at least 130°F) for 5–10 minutes.
- Do not lie on beds, couches, pillows, carpets, or stuffed animals that have recently been in contact with an infested person.
- Machine wash and dry clothing, bed linens, and other items that an infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned OR sealed in a plastic bag and stored for 2 weeks.
- Vacuum the floor and furniture, particularly where the infested person sat or lay. However, spending much time and money on housecleaning activities is not necessary to avoid re-infestation by lice or nits that may have fallen off the head or crawled onto furniture or clothing.
- Do not use fumigant sprays or fogs; they are not necessary to control head lice and can be toxic if inhaled or absorbed through the skin.

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Resources:

Centers for Disease Control and Prevention (2015). *Head lice information for schools*. <http://www.cdc.gov/parasites/lice/head/schools.html>

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Cummings, C. S., Finlay, J. C., & MacDonald, N. E. (2018). Head lice infestations: A clinical update. *Paediatrics & Child Health*, 23(1), e18-e24. <https://doi.org/10.1093/pch/pxx165>

Devore, C., Schutze, G., & The American Academy of Pediatrics' Council on School Health and Committee on Infectious Diseases. (2015). Head lice. *Pediatrics*, 135(5), e1355-e1365. <https://doi.org/10.1542/peds.2015-0746>

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National Association of School Nurses. (2020). *Head lice management in schools* (Position Statement).

Pontius, D. (2014). Demystifying pediculosis: School nurses taking the lead. *Pediatric Nursing*, 40(5), 226-235. <https://www.pediatricnursing.net/ce/2016/article4005226235.pdf>