Head lice are small parasitic insects that live on the scalp and neck hairs of their human hosts. Common symptoms include irritation and itching of the scalp. Itching is often behind the ears and along the hairline at the base of the neck. The appearance of the “nit” (egg) is a small teardrop shaped structure attached to the hair shaft. Nits may appear lighter on a fair-haired person and darker on a dark-haired person. Direct head to head contact is the mode of transmission. This includes transmission through shared use of clothing or items used for the head, (hats, brushes, combs, and towels) or headgear items, earphones, and bedding or pillows.

Embarrassment and social stigma frequently accompany the identification of an infestation. Anxiety regarding the communicability of head lice often occurs in the school setting when head lice are found. Discretion should be used to maintain the privacy of students found to have head lice.

The period of time head lice is considered communicable is when they are alive and moving, and/or viable nits (within ¼ inch from the scalp) are present on the individual. Nits hatch in a week and can reproduce in 8-10 days after hatching. Immediately after they hatch, the nymph (newly hatched louse) will need to have blood from the host to survive. It is this biting that causes the intense itching of the individual. “No Nit” policies requiring students be free of nits before they return to school or childcare have not been effective and are not recommended. “The presence of nits does not indicate active infestation and no evidence is found the presence of nits correlates with any disease process”. (Scott, Gilmer, Johannessen, 2004). “Head lice screening programs have not had a significant effect on the incidence of head lice in the school setting over time and have not proven to be cost effective.” (American Academy of Pediatrics, 2003)

- When an examination reveals “nits only” (and the nits are greater than ¼ inch from the scalp), the student may stay in school. Parents will be notified regarding the presence of “old” nits and removal of the nits is needed, thus making it easier to monitor for re-infestation.

Removal of nits often takes days to weeks before all are removed. The school nurse will be able to make the decision if improvement in the removal of nits is occurring.

- If live lice are found upon examination, the student may be sent home. The parent will be contacted and will be asked to pick up the child. Information regarding the treatment of the child and the home environment should be given to the parent.

The school nurse is the most knowledgeable professional in the school setting and is best suited to make decisions regarding the disposition of the student with head lice.

If there are several cases within one classroom, it may be necessary to send a letter home to parents, so they can be vigilant for the occurrence of an infestation. The school nurse will
consult with the Coordinator of Health Services and the school principal before sending the letter. Consultation with those individuals should also occur before an information letter goes out to the entire school.

Individualized screening and monitoring at intervals may need to take place. The school principal and the school nurse may work together to make the decision as to the protocol that is needed for the individual school.

The school nurse will also provide the parent with the information needed to clean the household environment and other intimate items that might have been in contact with the infested student in all situations.

References/Resources:

Missouri Department of Health and Senior Services Prevention and Control of Communicable Diseases A Guide for School Nurses, Teachers, and Child Care Providers July 2005

National Association of School Nurses Position Statement—Headlice Management in the School Setting (Policy Statement)


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