

## Medical department

### Guidelines for head lice infection

#### Introduction

The ASL medical department guidelines are based on the latest advice and research from the American Academy of Pediatrics, which recommends working in partnership with teachers and parents to quickly identify and treat any active lice infections, while not excluding children from school. Exclusion from school of children with nits may result in many children missing school unnecessarily. In addition, head lice infestations have been shown to have low contagion in classrooms. Head lice are a common problem, which can affect the whole community, adults and children alike. Set out below are guidelines designed to aid the School, parents and the community in tackling head lice together successfully.

#### What are head lice?

Head lice are small, six-legged, wingless insects that are pinhead sized when they hatch—less than a matchstick head size when fully grown and are gray/brown in color. They live close to the scalp at the base of the hair, where they find both food and warmth. Head lice feed through the scalp of their host. The female louse lays eggs in sacs, which hatch in 7 to 10 days. These eggs are called nits and are usually white in color. Live lice need body heat to survive and would otherwise die within 24-48 hours.

#### Identification and responsibility

A head lice infection cannot be diagnosed unless a living louse has been found on the head. If crawling lice are not seen, finding nits attached firmly within ¼ inch of the base of hair shafts suggests, but does not confirm, the person is infected. Lice cannot hop or fly; they crawl. Transmission in most cases occurs by direct contact with the head of an infected individual. Indirect spread through contact with personal belongings of an infected individual (combs, brushes, hats) is much less likely but may occur. Anyone with hair can catch head lice.

Ultimately, the treatment and prevention of head lice lie with parents. Teachers may feel free to send a student to the nurse if they suspect head lice; the nurses may confirm a case of head lice but cannot definitively determine a student does NOT have head lice. The school nurses can assist in teaching parents how to check a child's hair for a head lice infection, as well as provide information and resources.

### **If head lice are seen or suspected**

Kindergarten children may be sent home and would not be expected back in school until treatment is completed, owing to the inevitable close contact that occurs in this age group. Any older child, Grade 1 upwards, will not be sent home because of a head lice infection, unless it is causing severe discomfort/distress to the child. Exclusion should not be employed to manage a head lice infestation. Prompt treatment and avoidance of sharing hats, brushes, hair ornaments, bedding, etc., minimizes spread.

### **School's role**

Head lice are ever present in school communities, particularly one as large as ASL. Although teachers are encouraged to inform parents in their classroom if a case of head lice is reported, prudent parent observation, followed by treatment, is the most effective way to prevent the spread of head lice.

Regular head lice information, resources, and head check reminders will be posted on the school's website and in newsletters.

Guidelines will be available for parents via the ASL nurses' office.

### **References:**

<http://www.nhs.uk/conditions/head-lice/Pages/Introduction.aspx>

<http://www.cdc.gov/parasites/lice/head/index.html>

American Academy of Pediatrics statement:

<http://www.aap.org/advocacy/releases/july2610studies.htm>