BALTIMORE CITY HEALTH DEPARTMENT

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Baltimore City Health Department SCHOOL HEALTH MANUAL	7. COMMUNICABLE DISEASES d. Pediculosis or head lice

Objective: to provide a procedure for screening and monitoring students with pediculosis or head lice.

Reason: head lice are commonly found in school-age children. Unlike body lice, head lice do not transmit pathogens. Thus, the Maryland Department of Health and Mental Hygiene[1], the American Academy of Pediatrics[2] and the National Association of School Nurses[3] does not recommend routine exclusion from school of students with nits in order to minimize student absenteeism due to head lice. However, head lice cause great distress to infected individuals, their families and school environment. Therefore, it is important to promptly treat students with head lice to prevent transmission to others.

A. Epidemiology:

- Head lice *(pediculus humanus capitis*) infect the scalp and hair strands of humans. Lice are small, flat, grayish-white, wingless insects. Nits (dead eggs or empty eggshells) are small, shiny white particles that adhere to the hair strands. Nits cannot be easily removed by shampooing or combing.

- Head lice can appear at any age but are frequently found in school-aged children due to the close contact that usually occurs in the school environment.

- The incubation period (time it takes for the eggs to hatch) is 10 to 14 days. Lice reach their reproductive stage in approximately two weeks.

- Head lice can be spread from one person to another by direct contact with the head or hair of another infected person, or by contact with the personal belongings (hats, scarves, clothing, combs, brushes) of the person who is infected with lice.

- Lice are very fragile and can be easily killed. They need to feed frequently on blood to survive. Lice will not survive if they cannot feed for more than two to three days. Eggs are more resistant to treatment.

- School health personnel or a trained school staff member should examine students who are suspected of having head lice or who have had contact with a student who has been diagnosed with head lice.

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B. **Detection and examination:**

- Team — Disposable wooden applicator rods
  Magnifying glass
  A good light source (preferably natural light)
  Disposable gloves

- The test should be reserved for students who have symptoms (excessive scratching or feel that something is crawling on the scalp) or in whom other suspicious findings of possible lice infestation have been detected (e.g., white debris in the hair, insects crawling around the head or neck).

- The examination should be performed in an area with good lighting where confidentiality can be maintained.

- The entire scalp should be examined. Use two wooden applicator sticks to divide the hair and pay special attention to the nape of the neck and behind the ears. Discard the applicators after checking each student. Lice and nits are usually located within 1 to 2 cm of the scalp. Head lice move quickly, making their presence difficult to detect. Viable nits are usually camouflaged with pigment to match the color of the infected person's hair and are found close to the scalp (<2 cm), attached to the hair shaft[2]. Empty nit shells are easier to detect; they usually appear white on darker hair.

- Students who test positive (i.e., have live lice) should not be excluded from the classroom until the end of the school day and after the first treatment has been completed.

- It is necessary to examine siblings attending school and classmates of students with positive tests.

- A mass examination of the classroom is recommended if there are new cases that exceed 5-10 students, head lice infestation are detected, and examinations have not been carried out previously.

- Routine classroom screening is not recommended. Repeating a mass screening of a class where outbreak cases of head lice (5-10 students) have already been identified and a screening has already been performed is *not* required and is discouraged. In classrooms where a lice outbreak infestation has been identified in the past, and there has been a recurrence or a new case, a letter should be sent home to parents and guardians reminding them to examine their children and other household members. Students exhibiting symptoms should be tested as needed.

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- A list of students testing positive may be given to the principal in cases where several children are infected, but it is not necessary. The list should be used to ensure that affected children follow up with the school nurse for further testing.

C. **Treatment:**

- Notify the principal and parents/guardians of all students with positive results. Give the student the Lice Fact Sheet, Acute Communicable Disease Fact Sheets, and a sample letter to parents and guardians.

- The School Medical Director of Health should be consulted if it is necessary to send a letter of notification to other students' parents and guardians.

- The parent or guardian may choose to take their child to their primary health care provider for treatment, or they may try an FDA-approved over-the-counter medicated shampoo or cream rinse. Explain to the adult that the manufacturer's instructions must be followed for the medicated shampoo to work and that a second application within 7 to 10 days after the first treatment is recommended to complete the treatment. It is important that the medication does not get into the eyes and that it is completely rinsed out of the hair. After the application of the medication, it is necessary to remove the lice and eggs or nits. A fine-toothed comb works well. The use of a comb designed for lice and nit removal is probably the most effective method for the removal of lice and eggs or nits. It is best to remove lice and eggs or nits with wet hair. Manual removal of lice and eggs or nits requires considerable time and effort but is the best way to control head lice infestations.

- Contaminated clothing or other items such as hats, towels, bedding, etc., should be washed in hot soapy water (>130 °F) and dried on the hot cycle or dry cleaned. If dry cleaning is not available, items can be sealed in a plastic bag for 14 days. Brushes, combs and other small items should be disinfected, washed in hot soapy water or discarded.

- For effective treatment, it is necessary to examine and treat the entire family at the same time, and to decontaminate items that have been in contact with the infected person.

D. **Exclusion and readmission:**

- Students suspected of having head lice cannot be excluded from the classroom until the end of the school day. The objective is for the student to return to school as soon as possible and to maintain confidentiality at all times. However, the nurse, at their discretion, may recommend early exclusion of the student if: a) the student exhibits symptoms that interfere with class participation or b) the student's confidentiality is at risk of being compromised.

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- Students who do not have live lice should return to their classrooms.

- Post-treatment, students should be tested on the day they return to school and 7 to 10 days after treatment. If live lice are present, the parent or guardian should be contacted, and the student should be excluded from the classroom at the end of the school day.

- If the treatment does not work on a student (i.e., live lice are still present after treatment) more than two consecutive times, refer the student to his or her medical provider for a prescriptive medication treatment. The student must return with a note from the medical provider noting that prescriptive medication therapy was used.

- *Exception to the "No Live Lice" policy:* If a student has been referred to a medical provider and the provider sends documentation that the student is under medical treatment for head lice or *pediculus capitis*, the student may return to class. The school nurse should continue to examine the student every week until eradication of the infestation is achieved. Students with chronic or recurrent infestations of head lice should be under observation by the school nurse and under the control or prescriptive treatment of a medical provider. The school nurse is encouraged to collaborate with the medical provider regarding the management and treatment of these chronic or recurrent cases.

References

1. *Communicable Disease Summary*. Maryland Department of Health and Mental Hygiene. August 2024
2. Frankowski BL, Weiner LB, Committee on School Health, Committee on Infectious Diseases. Pediculosis. September 2002.
3. Position statement: Head Lice (Pediculosis Capitis). Management in Schools. National Association of School Nurses. July 2025
4. Centers for Disease Control and Prevention. (2024). *Providing care for individuals with head lice.* https://www.cdc.gov/lice/caring-head/index.html

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