GUIDELINES ON HEAD LICE PREVENTION AND CONTROL FOR
SCHOOL DISTRICTS AND CHILD CARE FACILITIES

These guidelines are provided to assist local health departments, elementary schools, preschools, and child care facilities in developing policies and procedures for the care of head lice cases. The California Department of Public Health (CDPH) recommends that schools and childcare facilities maintain an active educational campaign for parents on the accurate diagnosis and proper treatment of head lice cases to prevent transmission of lice in schools and reduce lost school days due to head lice infestation.

Head lice, while a significant social problem, do not transmit disease to humans. Traditionally, head lice policies in schools emphasized that a child infested with head lice could not return to school until no nits were found in their hair (“no-nit” policy). There is no evidence that a no-nit policy prevents or shortens lengths of outbreaks (Pollack et al., 2000, Williams et al., 2001). The American Academy of Pediatrics, the National Association of School Nurses, and the Centers for Disease Control and Prevention are all opponents of no-nit policies (Frankowski and Weiner, 2002; Schoessler, 2004). Furthermore, the “International Guidelines for Effective Control of Head Louse Infestations” state that “the no nit policy is unjust as it is based on misinformation rather than objective science and should be discontinued.” (Mumcuoglu, 2007) CDPH recommends a no-lice policy.

The essential components of a no-lice policy are the following:

♦ Early detection of head lice infestations through routine screening by parents and/or caregivers
♦ Distribution of educational material to school staff and parents on head lice, nit combing, and treatment such as “A Parent’s Guide to Head Lice” brochure (available at local health departments and online: http://www.cdph.ca.gov/HealthInfo/discard/Documents/headlice2008Eng.pdf)
♦ Treatment of children with live lice

Adult head lice are grey or brown, wingless insects approximately 1/8 inch in length. Adult females lay eggs (nits) by gluing them to the hairs near the base. Lice do not fly or jump and can be detected by parting the hair and examining near the scalp, most commonly near the ears and the back of the neck. Wetting the hair before combing has been shown to be a helpful method in diagnosing an active lice infestation (Jahnke, 2009). Children ages 3-11 years old are at highest risk for head lice infestation.

DETECTION OF HEAD LICE. There is a lack of evidence showing that routine class or school-wide screening reduces lice infestation rates (Frankowski, 2010). Moreover, many schools now lack the resources to do routine lice checks. Parents should check their children for lice regularly. If lice are seen on a child at school the parents should be called to pick up the child at the end of the school day and be given a copy of the brochure “A Parent’s Guide to Head Lice”. At home, all members of the family must be
checked for head lice. This policy allows the parent to treat the child overnight. The child should be examined and admitted to class the following day. If the child is still infested then the parent should be re-contacted.

While classroom or school-wide notification is not recommended after head lice have been detected in a student, this policy is at the discretion of the school nurse or administration.

CHRONIC CASES. If a child is found consistently infested with head lice, the child should be deemed a “chronic” head lice case. A chronic case is a child found infested during three separate months during a school year or for six consecutive weeks. It is important for schools to identify these children since their continuing infestations may signify other family or socioeconomic problems. These chronic cases should be reported to the school attendance review board and be addressed by a multi-disciplinary work group. The work group could consist of representatives from the local health department, social services, the school (district) nurse, and other appropriate individuals to determine the best approach to identifying and resolving the family problems that impact the child’s school attendance.

ENVIRONMENTAL CONTROL. Adult lice will die within two days without a blood meal. In a classroom where head lice are found; actions should be taken if possible to reduce head-to-head contact (Frankowski, 2010). Always keep each child's hat and other clothing on separate hooks and hang each child's coat on the back of their chair.

Pillows and other classroom items may have nits or lice on them but are unlikely sources of infestation. These items can be put in a dryer and run on hot for 20 minutes, vacuumed, or placed in sealed plastic bags for two weeks to kill hatching lice (nits take six to nine days to hatch and are unlikely to hatch away from the scalp). Vacuuming the classroom once a day can decrease the remote possibility of lice transmission from the environment.

At home, bed linens should be laundered (Burkhardt, 2006, Meinking, 1999). Pesticide application to the school or home environment is not recommended.

TREATMENT. Parents need to understand that the most important components of head lice control are a single treatment, then reapplication if live lice are found seven to ten days later. Nit combing should also be performed. Head lice that are resistant to some of the commonly used insecticides in head lice shampoos have been found in California and therefore not all lice may be killed by treatment. Combing and removal of nits may help to reduce the duration of infestation. CDPH recommends the combination of treatment and nit combing. Several brands of nit combs are available at local pharmacies. Flea combs also work well for nit combing and can be bought at pet stores. Sometimes it may seem that the treatment used has failed when actually there may have been: 1) misidentification of substance on the hair shaft as nits (i.e. dandruff, styling products, etc.), 2) re-infestation, 3) inadequate treatment (used too little product),
or 4) no knowledge that it may take 8-12 hours for lice to die after treatment.

Permethrin (i.e. Nix®*) and pyrethrin treatments may be used to kill live lice but may need to be used again one week later to kill resistant or newly hatched lice. A study of head lice in California indicates that some lice populations are resistant to permethrin (Gao et al., 2003). However, there are now non-permethrin based products available for head lice control.

Benzyl Alcohol Lotion (5%) (i.e. Ulesfia®*) is a prescription medication for the treatment of head lice in patients 6 months of age and older. However, Benzyl alcohol does not kill nits and treatment should be repeated in 7 days to kill emerged lice (Frankowski, 2010; Meinking, 2010).

Ovide®*(0.5% Malathion) is available by prescription. Ovide is an effective product to kill lice and their nits on children 24 months of age and above. Ovide is flammable so parents must not use hairdryers or smoke when applying this product (Meinking et al, 2001; Meinking et al, 2002; Frankowski, 2010).

Spinosad (0.9%) (Natroba ®*) is a prescription treatment for children 4 years of age and above. Spinosad is derived from a soil-dwelling bacterium and works to “over-stimulate” lice and nits into paralysis and death (McCormack, 2011).

The Lousebuster®* is a device designed to deliver heated air at high flow to the scalp and hair to kill lice and nits. Treatment takes 30 minutes (Bush, 2011).

There is no conclusive scientific evidence to support the use of products such as vinegar, isopropyl alcohol, enzyme-based compounds, tea tree oil, or other alternative products advertised to dissolve the glue on the nits (to ease their removal) or kill the nits. Similarly, there are no conclusive scientific data to support claims that mayonnaise, olive oil, melted butter, petroleum jelly, or other alternative products on the hair "suffocate" the nits and lice. Drowning lice is also an ineffective way to kill lice (Takano-Lee et al., 2004). Natural products (i.e. herbal products) are not regulated for safety by the FDA.

Please contact your local health department for more information. The list of references cited in this document is attached. These guidelines, the brochure “A Parent’s Guide to Head Lice” (in English and Spanish) and other CDPH publications can be found on the California Department of Public Health Head Lice webpage: http://www.cdph.ca.gov/healthinfo/discond/Pages/HeadLice.aspx

*Use of this product name does not imply commercial endorsement by the California Department of Public Health
Literature Cited


benzyl alcohol 5% (Ulesfia): a safe and effective treatment or head lice (pediculosis humanus capitis). Pediatric Dermatology. 27(1): 19-24.


