



# MONTGOMERY TOWNSHIP SCHOOLS

## **GUIDANCE ON HEAD LICE PREVENTION AND CONTROL FOR MTSD**

Head lice, while a significant social problem, do not transmit disease to humans and in school transmission is considered to be rare. According to the position statement of the National Association of School Nurses (NASN) the management of pediculosis (infestation by head lice) should not disrupt the educational process. Research data does not support immediate exclusion upon the identification of the presence of live lice or nits as an effective means of controlling pediculosis transmission. By the time a child with an active head lice infestation has been identified, he or she may have had the infestation for one month or more and, therefore, poses little additional risk of transmission to others (NASN position statement, Frankowski & Boochini, 2010). Based on recommendations from our resources, mass screening is not recommended due to the lack of evidence of efficacy in the use of routine classroom or school wide screening (Frankowski, 2010).

Therefore, Montgomery Township School district procedure recommends that the student may remain in class until the end of the school day. The following procedure reflects standard practice as recommended by the Center for Disease Control (CDC), the American Academy of Pediatrics, the National Association of School Nurses, the Harvard School of Public Health (Richard J. Pollack).



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## Management of presumed head louse infestation in school.

1. If a child is referred to the nurse with suspicion of head lice, such as complaining of itchiness or frequent head scratching, the nurse will check the student 's head for lice following standard procedure lice screening.
2. Identification of nits does not warrant exclusion.
3. If an active case of head lice is identified, the student may remain in class until the end of the school day. Exclusion will be at the discretion of the nurse and only in the youngest grades PreK-Kindergarten; this is where the risk for transmission at school may be higher due to the types of play (head to head contact) that may occur more naturally within this age group.
4. If live (crawling) lice or nits are found, the nurse shall notify the parent via phone (preferred), email, and/or a note sent home with the student. Parent will be advised to contact child's PCP for recommended treatment options.
5. The parent will be advised that treatment needs to take place that day. Information will be provided to the parent with a letter.
6. If a student with head lice is in grade PreK – 4 a parent notification letter will be sent home with each student in the class.
7. Mass screening of other children within the identified student's class will not be conducted.
8. If sibling(s) of the infested student attends school within the MTSD, the nurse in the school will be notified to check the sibling(s).
9. The nurse will screen any student upon request from their parent.
10. The parent will bring the child to school the following day. The nurse will re-check the student's head. If live lice are found, the child will be referred again to the pediatrician for treatment recommendations. Nurse to check child's head again following second treatment. Parents will be encouraged to check their child's head thoroughly for live lice weekly for the next 4-6 weeks and periodically throughout the school year as needed.