

Administrative Procedure 6015

Head Lice in Schools

1. **Introduction**

A consistent, up-to-date, evidence based protocol is needed for managing head lice in School District No. 71 (Comox Valley).

The goal of this policy and its attached management regulation is to endorse and support the use of the least invasive, evidence-based methods for detecting, reducing and managing head lice for children and families. School District No. 71 (Comox Valley) supports the role of the Island Health in assisting families with head lice and public health concerns in the community.

2. **Background**

Head lice are common, especially among children between the ages of 3 to 12, head lice do not spread any diseases but itching can develop in infested individuals. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

Head lice cannot hop, fly or crawl; they are transmitted when the head of an infested individual comes in direct contact with the head of another. Rarely, head lice may be spread through the belongings of an infested individual such as combs, brushes or hats. The identification, management and treatment of head lice shall be a cooperative endeavour between the family, the school community, and Island Health, with primary responsibility of checking and treatment resting with parents. At all times, school must safeguard the protection of privacy of students and parents.

3. **Rationale**

- 3.1 Head lice do not cause illness or spread disease
- 3.2 Research shows that “no nit” policies are counter-productive. The discovery of head lice or eggs on the hair should NOT cause a child to be sent home or isolated.

To summarize the many arguments against the “no nit” policies and rationale for not doing school-wide head checks:

1. There is no objective medical or scientific evidence to support the adoption, enforcement or continuation of a no-nits policy (or, for that matter, a ‘no-live-live’ policy).
 2. The electrostatic charge from checking dry heads may serve to propel head lice up to one metre, thereby increasing the chance of spreading head lice from one scalp to another.
 3. Such screenings are often conducted by personnel who are not medically qualified to make a medical diagnosis.
 4. The exclusion policies have never been demonstrated to reduce incidence or prevalence of head lice in the school population.
 5. The conclusions of the screeners are frequently flawed.
 6. The condition of having head lice rarely results in anything more than a mild and temporary itching, and is not associated with other infectious processes.
 7. Head lice are acquired mainly by direct head-to-head contact with an infested person (rarely via inanimate objects).
 8. Head louse eggs (‘nits’) are, for all practical considerations, non-transmissible.
 9. Exclusion policies restrict educational opportunities for the affected students.
 10. ‘No-nit’ as well as ‘no louse’ policies are discouraged by reputable organizations, including the Canadian Paediatric Association, the American Academy of Paediatrics and by the US Centres for Disease Control and Prevention.
- 3.3 Island Health recommends wet combing (sometimes known as “bug busting”) as the preferred method of lice control. This wet-combing method has been adopted in several British Columbia health authorities and in countries such as Great Britain and Australia. The method is well-researched and the key to effective “bug-busting” is frequent, systematic and proper use of the comb. See School District No. 71 (Comox Valley) website at: www.sd71.bc.ca.

4. **Suggested Goals in Support of Lice Management Program for Schools**

- 4.1 Educate families, teachers, school staff, students and community to increase awareness of facts and decrease belief in myths, decrease the occurrence of head lice, and share best practices about treatment for head lice.
- 4.2 Use various media to provide regular information – school newsletters and information boards, staff room boards and newspaper articles. Develop a long-term education program for the school and community.

5. **References**

American Academy of Pediatrics. Clinical Report – Head Lice, July 26, 2010, Pediatrics.

<http://pediatrics.aappublications.org/content/126/2/392.full.pdf>

Canadian Pediatric Society, Head Lice, <http://www.caringforkids.cps.ca/handouts/head-lice>

HealthLinkBC, Head Lice, <https://www.healthlinkbc.ca/healthfiles/hfile06.stm>

Interior Health website on head lice management, which includes a power point presentation and video on the treatment of head lice,

<http://www.interiorhealth.ca/YourHealth/SchoolHealth/HeadLice/Pages/default.aspx>