**Frequently asked Questions about Head Lice**

- **What *is* the policy?**

Flemington-Raritan does not have a written policy about head lice. This is a health issue that should be handled by the school nurse according to best practice, just like any other health issue.

Researchers have been studying head lice and as a result of their work, our understanding of head lice transmission and how to handle head lice safely, has improved. In the past, students were missing class time unnecessarily and teachers were spending valuable teaching time dealing with head lice. In most of our schools, the school nurses have been handling head lice cases according to these guidelines for more than 4 years.

- **What do we know about the lives of head lice?**

Head lice have been in existence for thousands of years.
Head lice do not cause disease.
Head lice do not fly or jump. They live only on human heads. Pets do not get or transmit head lice.
Head lice transmission is primarily by head to head contact.
Head lice reproduction requires a male and a female louse. Nits (eggs) are laid very close to the scalp and cemented on to the hair. The egg hatches in 7 to 10 days. A louse is mature 7 to 10 days from hatching.
Head lice begin to lose water as soon as they are off the scalp and die within 24 hours; they are probably incapacitated before that.
Only live lice can spread to another person. Nits (eggs) cannot spread to another person. Nits (empty egg cases) may remain on the hair for months after an infestation.

- **What do I say to parents when they blame me for head lice infestations**

Acknowledge their concern and refer them to your school nurse. You are not responsible for head lice infestations any more than you are responsible for a child in your class getting a cold or the chicken pox from a classmate. In fact, these other conditions are much more hazardous to a child's health. Wherever children gather in groups, head lice can be transmitted.

- **How can teachers minimize the possibility of head lice infestations in my classroom?**

Encourage children to maintain appropriate head space as well as body space. If they see a child head to head with another during circle, rest or reading time, they can remind the child to maintain space between heads so that hair doesn't touch. It is not reasonable to expect that children's heads will never touch, but we can try to minimize this type of contact.
If a child is scratching persistently, the child will be sent to the school nurse for assessment.

- **If a child with nits or lice is not immediately excluded from my class, won't the other students be exposed?**

Nits do not move and cannot be passed from one child to another. Live lice must be present in order for an infestation to spread. Once a head lice infestation is identified, the child has usually had head lice for at least 2 weeks (and has been in the classroom for part of that time). We know that transmission of head lice is primarily by head to head contact. Therefore, the child need not be isolated, but will be identified and referred to a parent for treatment.

- **What is the best treatment?**

There are many possibilities for treatment. Head lice shampoos and cream rinses that use the chemicals pyrethrin and permethrin, prescription solutions or mechanical removal using a lice comb and cream rinse are the primary form of treatment. Not all products and techniques such as use of olive oil, mayonnaise or other oily substances followed by combing and herbal preparations have been evaluated for safety and effectiveness. Mechanical removal should be done with a proper comb (one with long metal tines) to minimize discomfort and increase efficiency. Daily combing for at least 4 weeks will remove any lice still hatching due to resistance to the lice medications.

- **What about classroom and total school head checks?**

Flemington-Raritan school nurses have done such screenings in the past. They have not been shown to be an effective use of time nor useful in controlling head lice infestations. This is true in our experience and in the literature. An emphasis on identifying individuals with active infestations, referring them for treatment and follow-up is a more effective strategy. There may be times when the school nurse decides that a classroom check is appropriate, but it will not be routine.

- **What about classroom outbreaks?**

In the case of several infestations in one classroom, the school nurse will develop a plan with the teacher to address this situation. This happened in the past and will continue to happen occasionally under the new guidelines.

- **What about lice notification letters?**

As with any health condition, student health information is confidential and general classroom letters such as "Your child may have been exposed to head lice…" will not be sent home. Head lice are not a health hazard or a sign of poor hygiene and, in contrast to body lice, are not responsible for the spread of any disease.

- **How can I protect my child from getting head lice?**

Because head lice are usually transmitted by head to head contact, remind your children to maintain personal space between other students so that their hair doesn't touch others. Children should not be sharing hats, hair brushes or hair accessories with others. It is not reasonable to expect that children's heads will never touch, and because head lice are usually transmitted by head-to-head contact, parents should carefully check a child's head before and after attending a sleepover or camp where children share sleeping quarters. It is recommended that parents regularly monitor and check their children's heads for early identification and treatment of head lice throughout the school year.

- **What about children who seem to have chronic cases of head lice?**

Due to many reasons, a few children have head lice often. In these cases, the school nurse will work with the family to develop a plan with the goal of minimizing loss of class time.

- **How can I get more information?**

Our approach is based on the recommendations of major health organizations regarding head lice management such as the Centers for Disease Control, the American Academy of Pediatrics and the work of Dr. Richard Pollock, entomologist. The following web sites will provide more complete information:

www.cdc.org
https://identify.us.com/
www.aap.org