

Fairfax County Public Schools (FCPS)
&
Fairfax County Health Department (FCHD)
HEAD LICE (Pediculosis) GUIDELINES

Outbreaks of head lice are common among children in schools and day care, affecting all social and economic groups. Because there is no evidence that head lice transmit disease, pediculosis is considered a nuisance rather than a health hazard. Head lice are not spread to humans from pets. Head lice are spread either by direct contact with a person who has head lice or by indirect contact with personal belongings of an infested person.

Specific guidelines are in place to address pediculosis in the school setting. Current research does not support exclusion policies for nits.¹ Exclusion policies can result in:

- Increased absences from school that can have a negative impact on academic success and lost work time for parents.
- Issues surrounding discrimination.
- A decreased tendency for parents to report cases identified at home.
- Overtreatment for head lice leading to resistance to commonly used medication.

FCHD, FCPS, and Corpus Christi School do not support excluding students with nits.

¹ [**National Association of School Nurses Position Statement: Pediculosis in the School Community, July 2004;**](#)
[**Harvard School of Public Health: Head Lice Information, 2007;**](#) [**Virginia Department of Health, 1998.**](#)

Screening and Treatment Verification

A student may be referred to the Public Health Nurse by a parent or a staff member for possible lice infestation. Screening should be done discreetly so as not to embarrass the student. Check the student in a well-lit area. Direct the student to look down so that warm areas at the base of the hairline at the neck or around the ears can be inspected easily. Areas at the crown of the head where layers of hair are kept warm are also areas where lice might be evident. Equipment for this procedure includes tongue blades, wooden applicator sticks or pediculosis sticks, and disposable gloves.

1. Put on disposable gloves.
2. Using one or two tongue blades or sticks, part the hair and look for crawling lice (difficult to see because of size) and nits.
3. For hairstyles that may make screening difficult, DO NOT disturb the hair and notify the parent or guardian so that the screening can be done at home. Religious head covers are

not to be disturbed or removed. Notify the parent or guardian so that screening can be done at home.

4. A student with nits only (no live lice) may return to class. The parent or guardian of the student will be contacted to discuss treatment and nit removal.
5. A student with live lice will remain in the clinic until he or she is picked up by the parent or guardian. Such a student's siblings also will be screened.
6. For a student with live lice, discuss the lice treatment (*see approved Food and Drug Administration [FDA] list*) and verification of treatment with parent or guardian. Questions about alternative head lice treatments should be referred to the school public health nurse (PHN).
7. Each confirmed case will be recorded by the Nurse on the Head Lice Follow-Up Work Sheet.
8. The student with a confirmed case of head lice will be readmitted to school only after the initial treatment and the Lice Verification form have been completed. Rescreening the student is not required prior to reentry to school.
9. The Nurse will follow up with the parent or guardian eight to ten days after the initial treatment. The Nurse will remind the parent or guardian to return the verification of treatment form to the school clinic after the second treatment.
10. The Nurse will contact the parent or guardian eight to ten days after the second treatment to determine if evidence of live lice can be seen. Consult with Nurse if parent or guardian reports the presence of live lice. Treatment failure may be attributed to:
 - Inappropriate use of the over-the-counter product.
 - Failure of the over-the-counter product to kill the lice.
 - Resistance to the pediculocide.
 - Re-infestation from another source.

If treatment failure occurs, refer the student to his or her pediatrician and assess the need for close contact inspection.

Treatment Information

The first line of therapy is the use of an FDA-approved over-the-counter (OTC) product, which consists primarily of pyrethrins or permethrin-based agents. FCPS requires parents or guardians to return the Lice Treatment Verification form indicating that the infested student was treated with an FDA-approved product. Treatment includes application of the pediculocide, the daily manual removal of nits and a second treatment with a pediculocide eight to ten days after the initial treatment. In some cases, prescription medication may be ordered by a private medical doctor and should be used as directed. Alternative products such as olive oil, mayonnaise, margarine, vinegar, petroleum jelly, compounds that claim to dissolve the glue on the nits, tea tree oil and other natural products, and household chemicals (kerosene, gasoline, paint thinner, turpentine) have not been evaluated scientifically and are therefore not acceptable alternatives for treatment of head lice. They should not be used.

Further Investigations

Consult the school Nurse in the following situations:

- Additional cases discovered in the classroom or school and the potential need for close contact investigation.
- Possible treatment failures.
- Inadequate treatment of student and/or environment.
- The Fairfax County Health Department will provide guidance to schools to help with situations in which public health involvement is necessary.