

Evidence-based Information for the Management of Head Lice (Pediculosis) in Childcare and School Settings

The North Bay Parry Sound District Health Unit provides the following information to assist school boards and childcare centers in developing their own policies for the management of head lice within their settings. This resource represents a review of current evidence-based research related to the management of head lice.

Head lice are an ongoing problem and can affect anyone. Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice. ⁽¹⁾ Despite this knowledge, children with head lice can be ostracized by their school, friends and other social events resulting in significant social stigma. ⁽²⁾ No-nit policies in schools and childcares are discouraged by both the [Canadian Pediatric Society](#) and the [American Academy of Pediatrics](#).

Evidence Indicates:	Rationale
<p>Policy ‘No-nit’ policies in schools are discouraged.</p>	<p>Exclusion from school and childcare due to the presence of ‘nits’ does not have sound medical rationale. ⁽²⁾</p> <p>Evidence indicates that no healthy child should be excluded from school or allowed to miss school time because of head lice or nits. ⁽³⁾</p> <p>‘No-nit’ policies that require a child to be free of nits before they can return to schools are not evidence-based for the following reasons:</p> <ol style="list-style-type: none"> 1. Many nits are more than ¼ inch from the scalp. Such nits are usually not viable and very unlikely to hatch to become crawling lice, or may in fact be empty shells, also known as casings. 2. Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people. 3. The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice. 4. Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel.⁽¹⁾

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<p>Screening Routine classroom or school-wide screening for head lice is not recommended.</p> <p>Children and their close contacts should be checked only when demonstrating symptoms of head lice.</p> <p>Advise parents/guardians to regularly check their children for head lice.</p>	<p>Head lice screening programs have not been proven to have a significant effect over time on the incidence of head lice in the school setting and are not cost-effective. ⁽³⁾</p> <p>Education of parents/guardians in diagnosing and managing head lice may be helpful. ⁽³⁾</p> <p>It may be prudent to check other children who are symptomatic or who are most likely to have had direct head-to-head contact with a child with head lice.⁽³⁾</p> <p>Regular surveillance by parents/guardians is one way to detect and treat early infestations, thereby preventing the spread to others. ⁽³⁾</p>
<p>Training School personnel involved in the detection of head lice infestation should be appropriately trained. ⁽³⁾</p>	<p>Misdiagnosis of head lice infestations is common. ⁽⁶⁾</p> <p>Nits are often confused with other particles found in hair such as dandruff, hair spray droplets and dirt particles. ⁽⁶⁾</p>
<p>Transmission/Spread Head lice are spread mainly through direct head-to-head (hair-to-hair) contact.</p> <p>Head lice are not a health hazard, a sign of poor hygiene and are not responsible for the spread of any disease.</p>	<p>Adult head lice can survive for up to 3 days away from the human host. While eggs can survive away from the host for up to 3 days, they require the higher temperature found near the scalp to hatch. ⁽²⁾</p> <p>Lice do not hop or fly, but can crawl at a rapid rate. ⁽²⁾</p> <p>Pets do not transmit head lice to humans. ⁽²⁾</p> <p>Indirect spread through contact with personal belongings of an infested individual (combs, brushes, hats) is much less likely to occur. Lice found on combs are likely to be injured or dead. ⁽³⁾</p>

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19 October

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<p>Diagnosis Diagnosis requires detection of live head lice. Detection of nits alone does not indicate active infestation.⁽²⁾</p>	<p>Head lice and nits can be visible with the naked eye, although use of a magnifying lens may be necessary to find adult and nymph lice. They are difficult to see because they are very small, move quickly and avoid light.⁽⁶⁾ If crawling lice are not seen, finding nits attached firmly within 0.6 cm (1/4inch) of the base of hair shafts suggests, but does not confirm the person has head lice.⁽⁶⁾ If no adults or nymphs are seen, and the only nits found are more than 0.6 cm (1/4inch) from the scalp, then the infestation is probably old, no longer active, and does not need to be treated.⁽⁶⁾ Eggs found more than 0.6 cm (1/4inch) from the scalp are unlikely to be viable.⁽³⁾</p>
<p>Treatment Consult a pharmacist, nurse practitioner or physician before buying any products. Over-the-counter and prescription medications are available for treatment of lice infestations. Follow instructions and avoid over-treatment.</p>	<p>Treatment for head lice is recommended for persons diagnosed with an active infestation. All family members and other close contacts (friends) should be checked; those persons with evidence of an active infestation should be treated.⁽⁷⁾</p> <p>Treatment options for proven head lice infestation include insecticides, oral agents approved by Health Canada, and wet combing.⁽²⁾</p> <ul style="list-style-type: none"> • Reapplication of topical insecticides 7-10 days later is recommended.⁽²⁾ • Data to support the use of oral agents for the treatment of head lice are limited.⁽²⁾ • There is little evidence in support of wet combing as a primary treatment for head lice.⁽²⁾ <p>Health Canada has recently approved the use of a new noninsecticidal product (Resultz, Nycomed-Takeda Canada Inc) for the treatment of head lice in children four years of age and older. A second application in one week is recommended⁽²⁾</p>

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	<p>Other treatments:</p> <p>There are no published trials on the safety or efficacy of home remedies (mayonnaise, petroleum jelly, olive oil, margarine, hair gel, etc.).⁽²⁾</p> <p>Efficacy and toxicity data are not available for a number of 'natural' agents, such as tea tree oil and aromatherapy.⁽²⁾</p> <p>The safety and efficacy of herbal products are currently not regulated by the FDA and until more data are available, their use in infants and children should be avoided.⁽³⁾</p> <p>There is conflicting information concerning whether or not all nits should be removed after the application of head lice products. Removal of nits may minimize the hatching of eggs that were not killed and the spread of nymphs to others. It is also easier to notice a new infestation if all nits are removed.⁽⁸⁾</p> <p>Although effective for removing lice and eggs, shaving the head generally is not recommended, because it can be distressing to a child or parent.⁽³⁾</p> <p>Products intended for treating lice in animals are not recommended for human use.⁽²⁾</p>

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<p>Individual case management A child with live head lice should remain in class but be discouraged from close direct head contact with others. ⁽³⁾</p> <p>Recommend treatment begin as soon as possible when child arrives home from school/childcare.</p> <p>Provide parent with information regarding management of head lice.</p> <p>Maintain confidentiality and reduce stigma when a child is diagnosed with head lice.</p>	<p>The detection of active head lice should not lead to the exclusion of the affected child. ⁽²⁾</p> <p>Students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun. ⁽¹⁾</p> <p>A child with an active head lice infestation likely has had the infestation for 1 month or more by the time it is discovered and poses little risk to others from the infestation. ⁽³⁾</p> <p>Some individuals remain asymptomatic and never itch. ⁽²⁾</p>
<p>Classroom management Alert families of children in the classroom when an active infestation has been noted. ⁽²⁾</p> <p>Provide information about diagnosis, misdiagnosis, management of head lice, and the lack of risk for serious disease. ⁽²⁾</p> <p>Working together is the only way to control the spread of head lice.</p>	<p>Parents/guardians and teachers need to be informed that head lice infestations are common, may be asymptomatic, are not a sign of uncleanliness and do not spread disease. ⁽²⁾</p> <p>School and child care staff can dispel head lice myths and provide accurate information to parents and guardians. ⁽²⁾</p> <p>Information in appropriate language and literacy levels should be made available. ⁽³⁾</p> <p>Head lice infestations have been shown to have low risk of spreading in classroom settings. ⁽³⁾</p>

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<p>Environmental Cleaning Excessive cleaning is not warranted. (2)</p>	<p>Head lice do not live far away from the scalp, and nits are unlikely to hatch at room temperature. ⁽²⁾</p> <p>Disinfect combs and brushes used by an infested person by soaking in hot water for 5-10 min. ⁽⁴⁾</p> <p>Wash any items that have been in intimate contact with the head (hats, hair ribbons, pillowcases) in hot water (66°C), dry them in a hot dryer for 15 min or store them in occlusive plastic bags for two weeks to kill lice and nits. ⁽²⁾</p> <p>Vacuum the floor and furniture and any bedding, particularly where the infested person sat or lay. However, spending much time and money on house cleaning activities is not necessary. ⁽⁴⁾</p> <p>Do not use fumigant sprays or fogs; they are not necessary to control head lice and can be toxic if inhaled or absorbed through the skin. ⁽⁴⁾</p>
<p>Prevention Head lice infestations remain a common problem among school-age children and are preventable.</p>	<p>Teach children to avoid head-to-head contact during play and other activities at home, school and community involvement.</p> <p>Do not share clothing such as hats, scarves, hair ribbons or barrettes.</p> <p>Do not share combs, brushes or towels.</p> <p>Do not lie on beds, couches, pillows, carpets, or stuffed animals that have recently been in contact with an infested person. ⁽⁴⁾</p>

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Evidence Indicates:	Rationale
<p>Protective head gear One should not refuse to wear protective head gear because of fear of head lice. ⁽³⁾</p>	<p>Spread by contact with inanimate objects and personal belongings may occur but is very uncommon. Head lice feet are specially adapted for holding onto human hair. Head lice would have difficulty attaching firmly to smooth or slippery surfaces like plastic, metal, polished synthetic leathers, and other similar materials. ⁽⁵⁾</p>
<p>Roles & Responsibilities</p>	<p>The North Bay Parry Sound District Health Unit:</p> <ul style="list-style-type: none"> • Can provide evidence-based information and resources, to school boards and childcare centres as needed • Does not provide individual/mass screening (head checks) or treatment to individuals/groups • Does not provide “clearance” or approval for students/children to return to school/child care <p>Suggested role of school/child care administrators:</p> <ul style="list-style-type: none"> • Develop and implement head lice management protocols/guidelines based on evidence-based information and what makes sense for your schools/child care centres • Distribute information to all families of students at the beginning of the school year, after extended holidays, in addition to when infestation occurs • Advise parent/guardian when their child is identified as having lice or has come into contact with other students with lice • Minimize student absenteeism; children may return to school as soon as the first treatment is completed • Support families dealing with head lice and refer to community services as necessary

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	<p>Suggested role of parents/guardians:</p> <ul style="list-style-type: none"> • Take a proactive approach in understanding lice facts, myths, symptoms and management • Teach children about the prevention of head lice • Check the heads of family members regularly and more frequently when lice have been identified in close contacts • Consult with pharmacist or physician before purchasing any treatment • Only treat household members who actually have live lice • Communicate with the school or child care if your child has become infested and when first treatment has been completed

Recommended information for parents/guardians: http://www.caringforkids.cps.ca/handouts/head_lice
http://www.soinsdenosenfants.cps.ca/handouts/head_lice
<http://www.myhealthunit.ca/en/livehealthyandprotectyourhealth/headlice.asp>

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1