

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 excluded from their school, friendships, and other social events, resulting in significant social stigma. ⁽³⁾ Working together to prevent direct contact between students is the only way to control the spread of head lice. No-nit policies in schools and childcares are discouraged by both the [Canadian Pediatric Society](#) and the [American Academy of Pediatrics](#).

NOT TO BE DISTRIBUTED TO PARENTS

Updated February 13, 2024

Page 1 of 9

Contents

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

..... 1

‘No-nit’ policies in schools are discouraged 3

Transmission/Spread..... 3

Screening..... 4

Diagnosis 4

Treatment..... 5

 Other treatments:..... 5

Individual case management..... 6

Classroom management..... 6

Environmental Cleaning 7

Prevention 7

Protective head gear 7

North Bay District Health Unit Roles and Responsibilities..... 8

Suggested role of school/child care administrators: 8

Suggested role of parents/guardians:..... 8

Recommended information for parents/guardians: 8

References:..... 9

NOT TO BE DISTRIBUTED TO PARENTS

Updated February 13, 2024

Page 2 of 9

'No-nit' policies in schools are discouraged

There is no sound medical rationale for excluding a child with its or live lice from school or childcare. ⁽²⁾

Evidence indicates that no child should be excluded from school or allowed to miss school time because of head lice or nits. ⁽¹⁾

'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:

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⁾

Transmission/Spread

Head lice are spread mainly through direct head-to-head (hair-to-hair) contact. ⁽⁴⁾

Head lice are not a health hazard, a sign of poor hygiene and are not responsible for the spread of any disease. ⁽³⁾

Nymphs and adult head lice can survive for up to 2 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⁾

Lice do not hop or fly but can crawl quickly. ⁽²⁾

Pets do not transmit head lice to humans. ⁽²⁾

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⁾

NOT TO BE DISTRIBUTED TO PARENTS

Updated February 13, 2024

Page 3 of 9

Screening

Screening for head lice has not been proven to have a significant effect on the presence of head lice in a school community over time and has not been shown to be cost effective.⁽³⁾

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⁾

Regular surveillance by parents/guardians is one way to detect and treat early infestations, which prevents the spread to others.⁽³⁾

Diagnosis

Diagnosis requires detection of live head lice. The presence of nits indicates a past infestation that may not be currently active. Misdiagnosis of head lice infestations is common.⁽²⁾

Use of a fine-toothed lice comb may facilitate identification of live lice.⁽⁶⁾

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, that 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⁾

Nits are often confused with other particles found in hair such as dandruff, hair spray droplets and dirt particles.⁽⁶⁾

NOT TO BE DISTRIBUTED TO PARENTS

Updated February 13, 2024

Page 4 of 9

Treatment

Over the counter and prescription medications are available for treatment of lice infestations. ⁽²⁾

Treatment for head lice is recommended for persons diagnosed with an active infestation. All household members and other close contacts should be checked; those with evidence of an active infestation should be treated. ⁽⁷⁾

Treatment options for head lice infestation include topical insecticides and oral agents approved by Health Canada. ⁽²⁾

- Topical insecticides are applied with two applications, done 7-10 days apart. ⁽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⁾

Health Canada has approved the use of a new noninsecticidal product for the treatment of head lice in children four years of age and older. A second application in one week is recommended ⁽²⁾

Other treatments:

There are no published trials on the safety or efficacy of home remedies (mayonnaise, petroleum jelly, olive oil, margarine, hair gel, etc.). ⁽²⁾

Efficacy and toxicity data are not available for a number of 'natural' agents, such as tea tree oil and aromatherapy. ⁽²⁾

Although effective for removing lice and eggs, shaving the head is not recommended, because it can be traumatizing to a child or distressing to the caregiver. ⁽³⁾

Products intended for treating lice in animals are not recommended for human use. ⁽²⁾

NOT TO BE DISTRIBUTED TO PARENTS

Updated February 13, 2024

Page 5 of 9

Individual case management

A child with live head lice should remain in class but be strongly discouraged from close direct head contact with others. ⁽³⁾

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⁾

Maintain confidentiality and reduce stigma when a child is diagnosed with head lice. ⁽³⁾

A child with an active head lice infestation likely has had the infestation for 4-6 weeks by the time it is discovered and poses little risk to others from the infestation. ⁽³⁾

Some individuals remain asymptomatic and never itch. ⁽²⁾

Education of parents/guardians in managing head lice may be helpful. ⁽³⁾

Classroom management

Head lice infestations have been shown to have low risk of spreading in classroom settings. ⁽³⁾

School and childcare staff can help dispel head lice myths and provide accurate information to parents and guardians. ⁽²⁾

Alert families of children in the classroom when an active infestation has been noted. ⁽²⁾

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⁾

Information in appropriate language and literacy levels should be made available. ⁽³⁾

NOT TO BE DISTRIBUTED TO PARENTS

Updated February 13, 2024

Page 6 of 9

Environmental Cleaning

Head lice or nits do not survive for long away from the scalp. ⁽²⁾

Excessive cleaning is not warranted. ⁽²⁾

Wash any items that have been in close contact with the head (hats, hair ribbons, brushes, combs, pillowcases) in hot water (66°C), dry them in a hot dryer for 15 min. ⁽²⁾

Storing any items in a sealed plastic bag for 2 weeks will kill both live lice and nits. ⁽²⁾

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⁾

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⁾

Prevention

Head lice infestations remain a common problem among school-age children. ⁽²⁾

Teach children to avoid head-to-head contact during play and other activities at home, school and elsewhere. ⁽⁴⁾

Do not share clothing such as hats, scarves, hair ribbons or barrettes. ⁽⁴⁾

Do not share combs, brushes, or towels. ⁽⁴⁾

Do not lie on beds, couches, pillows, carpets, or stuffed animals that have recently been in contact with an infested person. ⁽⁴⁾

Protective head gear

One should not refuse to wear protective head gear because of fear of head lice. ⁽³⁾

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⁾

NOT TO BE DISTRIBUTED TO PARENTS

Updated February 13, 2024

Page 7 of 9

North Bay District Health Unit Roles and Responsibilities

- 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/childcare

Suggested role of school/childcare administrators:

- Develop and implement head lice management protocols/guidelines based on evidence-based information and what makes sense for your schools/childcare 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

Suggested role of parents/guardians:

- 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 health care provider before purchasing any products for treatment
- Follow instructions and avoid over- treatment.
- Only treat household members who actually have live lice
- Communicate with the school or childcare 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

NOT TO BE DISTRIBUTED TO PARENTS

Updated February 13, 2024

Page 8 of 9

- <https://www.myhealthunit.ca/en/health-professionals-and-partners/resources/schools/Key-Messages-about-Head-lice-March-14-2023---AODA.pdf>

References:

1. Centres for Disease Control and Prevention. (2015) Head Lice Information for Schools. Retrieved from: <https://www.cdc.gov/parasites/lice/head/schools.html> Accessed on February 12,2024
2. Canadian Paediatric Society. Head lice infestations: A Clinical Update. Paediatric Child Health (2018) 23(1):e18-e24 (Reaffirmed January 11, 2024) Retrieved from: <https://cps.ca/en/documents/position/head-lice> Accessed on February 12,2024
3. American Academy of Pediatrics (2022). Clinical Report-Head Lice. *Pediatrics* (2022) 150 (4): e2022059282. Retrieved from: <https://publications.aap.org/pediatrics/article/150/4/e2022059282/189566/Head-Lice> Accessed on February 12,2024
4. Centres for Disease Control and Prevention. (2019) Prevention and Control. Retrieved from: <http://www.cdc.gov/parasites/lice/head/prevent.html> Accessed on February 12,2024
5. Centres for Disease Control and Prevention. (2020) Frequently Asked Questions. Retrieved from: http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html#helmets Accessed on February 12,2024
6. Centre for Disease Control and Prevention. (2019) Diagnosis. Retrieved from: <http://www.cdc.gov/parasites/lice/head/diagnosis.html> Accessed on February12, 2024
7. Centre for Disease Control and Prevention. (2019) Treatment. Retrieved from: <http://www.cdc.gov/parasites/lice/head/treatment.html> Accessed on February 12, 2024

NOT TO BE DISTRIBUTED TO PARENTS

Updated February 13, 2024

Page 9 of 9