

Fairfax County Public Schools (FCPS) and
Fairfax County Health Department (FCHD)

HEAD LICE (Pediculosis) GUIDELINES

The head louse, or *Pediculus humanus capitis*, is a parasitic insect that can be found on the head, eyebrows, and eyelashes of people. Head lice live close to the human scalp where they feed on the blood supply. Head lice can travel from person to person, but they are not known to spread disease. The term *pediculosis* refers to a head lice infestation.

Multiple cases of pediculosis are common among children attending schools and daycare, affecting all socio-economic groups. Pediculosis is considered a nuisance rather than a health hazard because there is no evidence that head lice transmit disease. Head lice are not spread to humans from pets. Head lice move by crawling; they cannot hop or fly. They spread by direct contact with a person who has head lice, or sometimes through indirect contact when items like combs/brushes, hats, hooded sweatshirts, stuffed animals, and bedding are shared with someone who has head lice.

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

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

The Fairfax County Health Department (FCHD) and Fairfax County Public Schools (FCPS) do not support excluding students with live head lice or nits.

More information about head lice can be found at: [CDC - Lice - Head Lice - Treatment](#).

Screening and Treatment Verification

A student may be referred to the School Health Aide (SHA) by a parent/guardian or a staff member when head lice are suspected. Screening should be done discreetly so as not to embarrass the student. Check the student's head in a well-lit area. Ask the student to look down so that warm areas at the base of the neck and around the ears can be easily inspected. Lice may also be evident at the crown of the head where layers of hair create a warm environment. Equipment for this procedure includes pediculosis sticks or wooden applicator sticks, and disposable gloves.

1. Put on disposable gloves.
2. Using one or two sticks, part the hair and look for crawling lice (difficult to see because of size) and nits. Louse eggs, or nits, are white or gray and stick to hair shaft.

3. For hairstyles that may make screening difficult, DO NOT disturb the hair and notify the parent/guardian so that the screening can be done at home. Religious head covers are not to be disturbed or removed. Notify the parent/guardian so that screening can be done at home.
4. **A student with live head lice or nits may return to class.**
5. For a student with nits only (no live lice), the parent/guardian of the student will be contacted to discuss nit removal. Send Head Lice Eggs (Nits) Removal Letter home with student.
6. For a student with live lice, the parent/guardian will be contacted to discuss lice treatment and verification of treatment. Send a copy of the Lice Packet (located on the School Health webpage/SHA Resources/Lice) home with student. This packet includes:
 - a. The Lice (Individual) Letter
 - b. Parent/Guardian Responsibilities and Lice Treatment Calendar
 - c. Health Department Lice Brochure
 - d. FDA-Approved Products
 - e. Lice Treatment Verification Form

Questions about alternative head lice treatments should be referred to the PHN.

7. Each confirmed case will be recorded by the SHA on the [Head Lice Follow-Up Work Sheet](#).
8. When the student with a confirmed case of head lice returns to school, they should provide the completed Lice Treatment Verification form to the Health Room. **The student will NOT be excluded from school in the absence of this form.** Rescreening the student is not required prior to reentry to school. The SHA will follow up with the parent/guardian eight to ten days after the initial treatment. The SHA will remind the parent/guardian to return the verification of treatment form to the Health Room after the second treatment.

Treatment Information

The first line of therapy is the use of an FDA-approved over the counter (OTC) product, that consists primarily of pyrethrin or permethrin-based agents. FCPS requests parent/guardian to return the Lice Treatment Verification form indicating that the affected student was treated with an FDA-approved product. Treatment includes application of the pediculicide, the daily manual removal of nits, and a second treatment with a pediculicide eight to ten days after the initial treatment, if indicated. In some cases, prescription medication may be ordered by a health care provider and should be used as directed. The parent/guardian should not use a combination shampoo/conditioner, or conditioner before using lice medicine. Student should not re-wash the hair for one to two days after the lice medicine is removed. The parent/guardian should comb dead and any remaining live lice out of the hair using a fine-toothed nit comb.

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 and could possibly harm the child.

Further Investigations

The SHA will discuss with the PHN the following situations:

- Additional cases discovered in the classroom or school and the potential need for close contact investigation
- Inadequate treatment of student and/or environment
- Possible treatment failures, that may include:
 - inappropriate use of the OTC product
 - failure of the OTC product to kill the lice
 - resistance to the pediculicide
 - reinfestation from another source

The FCHD will provide guidance and education to schools to help with situations in which public health involvement is necessary.

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