Frequently Asked Questions School Health Services/School Nursing

Q. Are no-nit policies or mass screenings recommended for schools?

A. No. There is consensus that no-nit policies are inappropriate in a school setting, according to the American Academy of Pediatrics, National Association of School Nurses, the CDC, and the MI Department of Health and Human Services. School–wide screenings and "no-nit" policies are strongly discouraged. Mass screening for live lice has not been proven to have a significant effect on the incidence of head lice in a school community over time. Manual removal of nits after treatment with a pediculcide is not necessary to prevent spread (American Academy of Pediatrics Policy Statement on Pediculosis 2002, updated in 2009). Education of parents in identifying and managing head lice is the most helpful. We urge school districts to ensure that children do not miss class unnecessarily or encounter embarrassment and isolation, especially if they suffer from repeated head lice infestations. Parents should be encouraged to check their children's heads for lice if the child is symptomatic and when close contacts have head lice. Please refer to Michigan Head Lice Manual. return to top

Q. Is head lice/pediculosis reportable?

A. Yes, pediculosis is reportable.

Q. Should the student be excluded from school with live head lice or nits?

A. No. Evidence-based practices should be used in recommending treatment of this condition. Verbal and written instructions for treatment options should be given to the family of the student by the school nurse. The student should be allowed to remain in the classroom that day if comfortable and return to school the following day. School staff need to ensure student confidentiality is maintained and should not segregate or in any way embarrass the child. There is no research data that demonstrates that enforced exclusion policies are effective in reducing the transmission of lice. The management of pediculosis should proceed so as to not disrupt the education process. If a staff member suspects a student has head lice, they will discretely report this to the school nurse or principal. Following an assessment by the school nurse during a non-academic time period, if further action is necessary, the nurse will contact the child's parent or guardian either by telephone or by a note sent home with the child at the end of the school day. The Michigan Department of Community Health has appropriate handouts to give parents in the Michigan Department of Education, 2004.

Q. What can be done to help student(s) with reoccurring head lice?

A. What may appear to be a reoccurrence of head lice may be the same initial infestation, which has not been treated properly. It is important that parents follow the exact directions on the product they are using and follow through on the indicated treatment regimen. Some of the treatments available are not 100% effective at killing head lice. If the parents suspect the treatment is not working, then they should seek the advice of a pharmacist or physician. Changing to another product with a different active ingredient could have improved results.

Ensure the parents have an understanding of what head lice are, how they are spread, and the recommended methods for treatment of the child, other members of the household, and their home environment. The position statement on Pediculosis from the National Association of School Nurses (2011) states: *The school nurse, as a student advocate and nursing expert should be included in school district-community planning, implementation, and evaluation of vector control programs for the school setting. School nurses are also in a pivotal position to dispel myths and stigmas regarding pediculosis by providing education on the life cycle of the louse, methods of transmission, treatment options and care of the environment to the student's family, school and community at large.*

Q. What are some helpful resources for head lice/pediculosis?

A. Michigan Head Lice Manual , joint document prepared by the Michigan Department of Community Health and the Michigan Department of Education, 2004. American Academy of Pediatrics Policy Statement on Pediculosis, 2002. A statement of reaffirmation for this policy was published on May 1, 2009.