



## GREENFIELD PUBLIC SCHOOLS

CENTRAL OFFICE

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*"The Greenfield Public School District is a place where every child is supported on their path to success."*

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### **Pediculosis Procedures**

The Pediculosis procedures for the Greenfield Public School district are intended to outline the roles, responsibilities and expectations for the school community in responding to instances of head lice. The School Nurse, as student advocate and health expert, will provide education and guidance to the school community regarding "best practices" of head lice management. The Academy of Pediatrics ([AAP](#)), the National Association of School Nurses ([NASN](#)), and the Centers for Disease Control ([CDC](#)) recognizes that no disease process is associated with head lice, and under the best practice, screening in schools and exclusion does little to reduce the incidence of head lice. *"A child or adolescent should not be restricted from school attendance because of head lice, given the low contagion within classrooms"*(AAP 2022)."

While parents have the primary responsibility for the detection and treatment of head lice, the school community will work with families in a cooperative and collaborative manner so they can manage the head lice effectively. Routine screenings of children's heads by the *parent/guardian* will be strongly encouraged for early identification of pediculosis infestation. Head lice can be a nuisance but they have not been shown to spread disease.

### **Head Lice Control Practices in the Greenfield Schools**

Greenfield Public School Nurses will assess students or staff suspected of having head lice. Identification of an active case will be kept confidential. School nurses will work with staff or families of students who have been identified as having head lice to review treatment options and preventative measures.

- For students, the parent/guardian will be notified by phone of the presence of live lice or nits within ¼ inch of the scalp. Students will not be excluded from school. Parents will be asked to ensure prompt treatment.

- Staff or parents/guardians will be provided with a copy of the [Massachusetts Public Health Fact Sheet: Head Lice \(Pediculosis\)](#) and educational materials from [NASN, Head Lice: What Parents Need to Know](#).
- Educational materials of head lice and evidence based management practices will be made available on the GPS website.
- Staff or parents/guardians will be reminded of the proper use of products and the importance of ongoing surveillance in the home over the next 10-14 days.
- The parent/guardian and School Nurse will arrange for a recheck of any individuals found to have live lice or nits within ¼ inch of the scalp. Additional education and instruction will be provided as needed if the problem persists, and may include referral to the primary care provider (PCP).
- The School Nurse will identify any individuals that may have had direct head-to-head contact or shared personal items (such as hair tools) within the past 48 hours. For young children (PreK and K classrooms), close contacts may be identified that may include children who sit and play together often.
- Screening of close contacts will be at the discretion of the school nurse.
- Exclusion of persons with active head lice or general notification of instances of lice will not be standard practice.

### **Pediculosis Considerations**

- Exclusion of persons with active head lice or nits are **NOT** considered best practices, therefore students will **NOT** be excluded from school because of head lice (live lice or nits).
- Head lice do not spread disease or cause medical harm. They are annoying, uncomfortable and inconvenient.
- Head lice are species specific. Head lice live mainly on the scalp and are commonly found at the base of the neck or behind the ears. Head lice can only crawl. ***They can not jump, hop, fly or burrow under the skin.*** They must feed several times daily to survive. Lice do not generally survive more than 24 hours off a human host.
- Eggs (nits) are laid by adult lice on the hair shaft in close proximity to the scalp. Eggs are incubated by the body heat near the scalp. Nits farther than ¼-½ inch from the scalp are not viable or are empty casings posing no additional concern.
- Head lice can be asymptomatic (causing no symptoms) for up to 4-6 weeks. Pruritus or itching occurs when an individual becomes sensitized to components of louse saliva.

- Students or staff found to have head lice or nits close to the scalp do not need to be dismissed early. Treatment can be accomplished at home at the end of the school day. Nits may remain following treatment, but live lice should be eliminated.

## References

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National Association of School Nurses. (2022). Head Lice: What Parents Need to Know. Retrieved from: <https://www.healthychildren.org/English/health-issues/conditions/from-insects-animals/Pages/signs-of-lice.aspx>