

September 2007

DEPARTMENT OF STATE HEALTH SERVICES RECOMMENDATIONS ON “NO-NIT” POLICIES IN SCHOOLS

At least 9 million children contracted head lice last year in the U.S. alone. Not surprisingly, the Department of State Health Services (DSHS) School Health Program received numerous calls from concerned parents and school staff understandably frustrated with continual incidences of head lice among students. Often the issue of “no-nit” policies is discussed. While DSHS does not recommend a “no-nit” policy, DSHS does recognize that school districts may adopt one as a local option. DSHS does not have legal authority to impose a set policy regarding head lice on school districts. DSHS does, however, urge school districts that opt for a strict “no-nit” policy to ensure that the policy does not cause children to miss class unnecessarily, or encourage the embarrassment and social alienation of those students who suffer from chronic head lice infestations.

Why doesn't DSHS advocate a “no-nit” policy? Pediculosis has been around since prehistoric ages and represents more of a social issue than a health threat. The “no-nit” policy places a disproportionate amount of emphasis on pediculosis management rather than on other more legitimate health concerns which should be of a higher priority. This over emphasis can lead to unproductive use of time by school staff and parents, missed classes, unnecessary absences, and parents missing work.

DSHS is not alone in their stance against strict “no-nit” policies. A panel of scientists and public health professionals convened at the Harvard School of Public Health to discuss issues related to increased evidence of head lice resistance to certain pediculicides. The panel published a consensus report with suggestions for treatment and prevention of head lice based on their findings. In regards to “no-nit” policies, the report states that “there is little evidence that exclusion from school reduces transmission of lice. No other minor medical condition warrants school exclusion. Conversely, children with more morbid, communicable disorders (i.e. viral URI's, tinea capitis) are routinely allowed to remain in class. Therefore, confirmation of a louse infestation does not warrant exclusion, but does require treatment. The “no-nit” policy is not in the best interest of the child, the family or the school.”

DSHS recommends school districts establish a consistent policy/protocol for addressing the incidence of head lice among students. Policy and protocol should be developed with active input and support from parents, local health care professionals, school staff, chief administrators and school nurses. Underlying DSHS's recommendations is the hope that school staff and parents will work together as a team to address the inevitable incidence of head lice among students. As with any persistent disease, education, empathy and patience are crucial elements of any effective and lasting treatment plan.

For more information on prevention and treatment of head lice, go to:
www.dshs.state.tx.us/schoolhealth/lice.shtm