Anna Cutaia-Leonard, Ed.D.

Director of Elementary Education



Fairfield Public Schools
P.O. Box 320189
501 Kings Highway East
Fairfield, Connecticut 06825
(203) 255-8372 FAX (203) 255-8273
acutaialeonard@fairfieldschools.org

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Dear Elementary School Parents,

Attached you will find information provided from the Town of Fairfield Health Department regarding a change in its lice management protocol in our schools. If you have any questions, please feel free to contact the Fairfield Health Department at 203-256-3150 or speak with your school nurse.

Sincerely,

Anna Cutaia-Leonard



Town of Fairfield Fairfield, Connecticut 06824

Public Health Nursing 100 Mona Terrace

Phone 203-256-3150 Fax 203-256-3172

The Fairfield Health Department has recently changed its lice management protocol. This letter is to explain the reasons for this change and help you understand why this does not put your child at more risk for getting head lice.

Why did the Health Department make a change?

The Town of Fairfield Health Department protocol has been changed to reflect standard practice as recommended by the Center for Disease Control (CDC), American Academy of Pediatrics, the National Association of School Nurses, The American School Health Association and the Harvard School of Public Health. These agencies all recommend that students with eggs (nits) and /or head lice remain in school and not be immediately excluded. In addition, they also discourage mass screening of students.

Going forward, when lice are found on a child at school, that child's parents will be informed. The decision whether or not to take the child home will be the parent's. There will be no requirement for the child to be dismissed. Siblings and identified close contacts will be checked by the nurse. Mass screenings of students by the nurse will not routinely be conducted. The current practice of classroom notification in the elementary schools will continue. The school nurse will provide appropriate educational information to the parent and will follow up on treatment.

Why would these medical organizations recommend this?

- Although lice make most people uncomfortable, they do not cause disease and are not dangerous to the child or others
- No matter how careful staff is to protect the privacy of students, when a student leaves a class and does not come back and then the whole class is required to have a "head check" most students figure out the child has lice. This can be very embarrassing for the child and the family. In fact the school usually does not know of most cases of lice because families are too embarrassed to tell us.

- By the time lice are discovered the child has usually had them for 3-4 weeks. Given this fact mandatory immediate dismissal is not indicated.
- Most importantly, school is not a high risk area for getting lice. Multiple studies have proven
 that school rarely is the place of lice transmission. The vast majority of cases of lice are spread
 by friends and family members who often play or live together. In the rare case when spread of
 head lice has occurred at school, it is among very young children, as in preschool or kindergarten
 and likely a result of them playing very closely together.

While it is understood that head lice are inconvenient and often frustrating to deal with, we strive to base our protocols on the most current scientific evidence and recommendations of how to address lice cases in student populations. Multiple studies have shown that keeping children with eggs (nits), or even lice out of school does not reduce the number of head lice cases experienced. Policies that promote keeping children out of school or mass screenings are not in the best interests of students and their educational status.

For any questions please call the Public Health Nursing office at 203-256-3150 or see the links below for further information.

Centers for Disease Control

http://www.cdc.gov/parasites/lice/head/index.html

National Association of school nurses

http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/40/Pediculosis-Management-in-the-School-Setting-Revised-2011

Pollack, R. Harvard School of public health: head lice information

http://www.fairfieldct.org/filestorage/10726/11024/14117/22057/Lice Policy Change.pdf