

Nashoba Regional School District

HEAD LICE (PEDICULOSIS) EXAMINATION AND EVALUATION

PURPOSE

To contain infestation of head lice among the school age population while maximizing students' academic performance and minimizing absences due to unnecessary exclusion of students using nursing/medical best practices. The American Academy of Pediatrics and the National Association of School Nurses no longer endorse a "No Nits" policy in schools. Exclusion is not an effective tool in reducing lice outbreaks (CDC, 2010; Frankowski & Bocchini, 2010; Frankowski & Weiner, 2002). In cases that involve head lice, as in all school health issues, it is vital that the school nurse prevent stigmatizing and maintain the student's privacy as well as the family's right to confidentiality (Gordon, 2007).

STANDARD

The school nurse will examine the head of any child suspected of having a live lice infestation and notify the parent/guardian. If live lice are found a child may complete the school day and is required to receive treatment at home prior to returning per nursing discretion. Head lice are not a health hazard or a sign of uncleanliness and are not responsible for the spread of disease (Frankowski & Weiner, 2002). Lice are not a public health emergency. Lice can't hop or fly; they crawl. Transmission in most cases occurs by direct contact with the head of another infested individual (Frankowski & Bocchini, 2010).

Children returning to school after treatment for head lice will be examined by the school nurse to verify absence treatment has been completed prior to entering the classroom.

Presence of nits does not indicate active infestation and no evidence is found that the presence of nits correlates with any disease process (Scott, Gilmer, Johannessen, 2004). Other studies show that lice are not highly transferable in the school setting (Hootman, 2002) and no outbreaks of lice resulted when allowing children with nits to remain in class (Scott, Gilmer & Johannessen, 2004). Nurses will perform targeted pediculosis screenings based on the affected student's known close contacts and family members. Whole class screenings for nits alone have not been proven to be effective and will only be performed based on multiple live lice infestations found in a single class (CDC, 2010; Andresen & McCarthy, 2009).

PROCEDURE

Upon notification of suspected cases of head lice, the school nurse will examine the student.

- ✓ An infestation will be determined by looking closely through the hair and scalp for viable nits or live lice. Lice and nits (dirty-white to gray colored eggs attached to the hair shaft) are visible to the naked eye. Nits which are farther than ¼ inch from the scalp are not considered viable

because eggs are laid at the scalp and the life cycle is short, therefore, any remaining nits beyond 1/4 inch (hair growth takes time) are either empty or dead.

- ✓ The nurse will determine the severity of the infestation (live lice or nits) and the parent/guardian will be notified via phone, email, and/or a note sent home with the student (see “Head Lice 101”). Based on the infestation, the nurse will determine if the child is so uncomfortable that they should go home or if the child can remain in school. The parent/guardian will be provided with information on the biology of head lice, methods to eliminate infestation, and directions to examine household contacts for lice and nits and that the student must check in first with the school nurse upon returning to school the next day.
- ✓ The school nurse will perform a targeted screening of the students most likely to have had direct head to head contact with the affected student (especially recent sleepovers). Parents/guardians will be referred to their health care provider for follow up if there are positive findings, or lice are resistant to treatment. If 3 or 4 students in one class are affected, all classmates will be checked and at that time a class wide letter will be sent home (see “Notes from the Nurse” classroom letter).

UPON STUDENTS RETURN TO SCHOOL:

- ✓ Examine student's hair for presence of lice upon arrival to school accompanied by a parent. Student is required to provide treatment used in order to return to school the next day.
- ✓ Allow students to remain in school if no presence of an infestation. A student may remain in school if only nits are found.

ADDITIONAL INFORMATION RELATING TO HEAD LICE:

- ✓ Parents/guardians will be encouraged to verify treatment as soon as possible after notification. Parents will be encouraged to check their child’s head daily for at least 2-3 weeks after discovery. Removing nits EVERY day for 3 weeks is the most effective treatment.
- ✓ Students will be discouraged from direct head to head contact with other students. The school nurse will provide in-service education to staff regarding how to handle nits and/or live lice in the classroom.
- ✓ The most common means of transmission is through physical/direct (head to head) contact. Indirect transmission is uncommon but may occur from shared combs, brushes, hats, and hair accessories that have been in contact with an infested person. Schools are not a common source of transmission. Lice prefer clean hair because it is easier to attach to the hair shaft to lay their eggs.

- ✓ **Staff will maintain the privacy of students** identified as being infected with head lice.
- ✓ The school nurse is the key health professional to provide education and anticipatory guidance to the school community regarding best practice guidance in the management of pediculosis. The school nurse's goals are to facilitate an accurate assessment of the problem, contain infestation, provide appropriate health information for treatment and prevention, prevent overexposure to potentially hazardous chemicals, and minimize school absence.

SUPPORTING DOCUMENTS

Documents within the Protocol

- Live Lice Note to Classroom Parents (whole class) (“Notes From the Nurse”)

General and Public Health Information about Lice for Schools to use Periodically

- Opening Day Letter to Parents about Lice
- Periodic Head Lice Instructional Handout (“Lice-10 Steps to Stay Ahead”)
- Nurses Top 10 Facts about Lice (“LPS Nurses Top 10 Facts about Lice”)

RESOURCES

American Academy of Pediatrics. (2010). *Policy statement: Clinical report head lice*. Retrieved from <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;126/2/392>.

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Pollack, R. (2009). Head Lice information. Statement from the Harvard School of Public Health. Retrieved from <http://www.hsph.harvard.edu/headlice.html>.

Pollock, R. J. (2010). *How many people are infested with head lice?* Retrieved from: <https://identify.us.com/head-lice/head-lice-FAQS/how-many-people-infested.html>

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