

**Stoneham Public Schools
Health Services Department**

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. Head lice are not a health hazard or a sign of uncleanliness and are not responsible for the spread of disease (Frankowski & Weiner, 2002). Positive lice are not a public health emergency. Lice cannot hop or fly; they crawl. Transmission in most cases occurs by direct contact with the head of another infested individual (Chunge, et al. 1991).

Children returning to school after treatment for head lice will be examined by the school nurse to verify absence of live lice 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; Frankowski & Weiner, 2002).

PROCEDURE

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

- ✓ An infestation will be determined by looking closely though 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 just nits) and the parent/guardian will be notified via phone, email, and/or a note sent home with the student (see “Head Lice Screen Information for Parents”). 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 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.
- ✓ If only nits are detected the student will remain in his/her classroom for the remainder of the school 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 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 at the beginning of school. Student is required to be live lice free to return to school the next day.
- ✓ Allow student to remain in school if no presence of live lice. 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 education to staff regarding how to handle nits and/or live lice in the classroom as needed.

- ✓ 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 Policy

- Parent Letter with Instructions for Positive Lice Screens (“Head Lice Information for Parents”)
- Live Lice Note to Classroom Parents (whole class)

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

- Opening Day Letter to Parents about Lice
- Periodic Head Lice Instructional Handout on web site (“Lice-10 Steps to Stay Ahead”)
- Nurses Top 10 Facts about Lice on web site (“SPS 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>.

American School Health Association. (2005). *School policies in the management of Pediculosis*. Retrieved from: <http://www.ashaweb.org/files/public/resolutions/pediculosis.pdf>.

Centers for Disease Control and Prevention. (2010). Head lice information for schools. Retrieved from <http://www.cdc.gov/parasites/lice/head/index/html>.

Chunge, R.N., et al. (1991). A pilot study to investigate transmission of head lice. *Canadian Journal of Public Health*, 82, 207-208.

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Massachusetts Department of Public Health. (2007). Pediculosis (Head Lice). *The Comprehensive School Health Manual*, (8), 56-58.

National Association of School Nurses. (2011). *Position Statement: Pediculosis in the School Setting*. Retrieved from <http://www.nasn.org/default.aspx?tabid+237>.

National Guideline Clearinghouse. (2008). *Guidelines for the diagnosis and treatment of Pediculosis capitis (head lice) in children and adults*. Retrieved from http://www.guideline.gov/summary/summary.aspx?doc_id+12784&nbr=00658&string=Pediculosis.

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Pollack R.J., Kiszewski A.E., Spielman A., (2000). Over diagnosis and consequent mismanagement of head louse infestations in North America. *Pediatric Infectious Disease Journal*. 2000 (8):689-93.

Williams, L.K., et al (2001). Lice, Nits, and School Policy. *Pediatrics*, 107 (5), 1011-1015.

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LICE – 10 STEPS TO STAY AHEAD

General Information HANDOUT from the School Nurse

HEAD LICE (or pediculosis) are annoying little insects that live on the human scalp and feed on blood. They are a small, tan-colored critter (less than 1/8 long). They deposit tiny, gray/white eggs, known as “nits”, on the shaft of hair 2 – 4mm from the scalp because the eggs need the warmth from the scalp for hatching. They cannot live for more than 48 hours away from the scalp as adult insects, and eggs cannot hatch at temperatures lower than those found close to the scalp. ***Lice do not carry disease but are a nuisance.*** They are *not* a sign of poor hygiene or unclean homes. They *love* clean hair because it is easier to hold on to! Lice are transmitted by **direct** contact, head to head. They crawl, they do not fly or hop. **Once discovered, child must stay home only until they have been treated.**

STAYING AHEAD OF HEAD LICE:

1. Watch for signs/symptoms of head lice: excessive itching or scratching head especially behind ears and nape of neck.
2. Check family members for lice and nits/eggs at least once a week. It helps to use natural light and a magnifying glass.
3. **Consult with your physician for advice.** Treat only family members who have lice. Over the counter medications (pediculocides) that kill lice and nits are recommended. Most of these chemicals require 2 treatments 7-10 days apart.
4. Use these specialized shampoos **exactly as instructed** to be most effective. Use product over sink. Keep eyes covered with washcloth.
5. Removing all nits (eggs) with a special fine-toothed metal comb is the most effective way to get rid of them. This may be a tedious job.
6. Wash infested articles that can be laundered at 130 F (54.4 C) and dried on the hot setting. (hats, pillows, bedding, clothing, etc)
7. Toys, personal articles, bedding, other fabrics, and upholstered furniture that cannot be laundered with hot water and a dryer or dry-cleaned can be kept away from people (in a plastic bag) for more than 2 days if there is concern of infestation.
8. Head lice can live for 1 -2 days away from the scalp depending on the temperature; chemical treatment of the environment is not necessary. Vacuum floors, carpets, mattresses, and furniture.
9. **Continue to check head daily for at least 2-3 weeks after discovery. Removing nits EVERY day for 3 weeks is the most effective treatment.**
10. Help prevent lice infestation by encouraging your child not to engage in activity that causes head to head contact. We know that any family can catch lice, and most of us who are parents have been through it at least once ourselves.

Contact your School Nurse if you have questions:

The Stoneham Public School Nurses Top 10 Facts about Lice

School nurses are supportive advocates who will help you obtain lice treatment and use it properly. School nurses will assist you in checking or rechecking as you work to remove nits and lice from your child's head. Just ask.

School nurses will not judge you or report you or tell others if you ask for assistance dealing with head lice. We handle lice in a confidential manner. We know that any families can catch them, and most of us who are parents have been through it at least once ourselves.

- 1. Lice are not easy to get** - *Lice are spread primarily by head-to-head contact. They are much harder to get than a cold, flu, conjunctivitis, strep throat, or impetigo.*
- 2. Lice are not often passed via hats and helmets** - *While this is possible, it is rare. Hairbrushes, pillows, and sheets are much more common modes of transmission. A louse on a hat or coat is a dying louse and is not capable of reproducing.*
- 3. School is not a common place for lice transmission** - *School is a VERY RARE source of transmission. Much more common are family members, overnight guests, and playmates that spend a large amount of time together.*
- 4. Poor hygiene does not contribute to lice** - *Lice like actually like clean hair more than dirty. Head Lice are not a source of infection or disease; they are simply a nuisance.*
- 5. Lice can not jump or fly from one person to another** - *Lice can only crawl.*
- 6. Any nits left in the hair will not necessarily cause the lice to come back** - *Any nits farther away than one quarter inch to half an inch on the hair shaft are already hatched and pose no risk to others.*
- 7. Eggs or nits can not fall out of the hair, hatch, and cause lice in another person** - *Nits are cemented to the hair and very hard to remove. They cannot fall off. Newly hatched larvae must find a head quickly or will die. Removing the nits (eggs) with a fine tooth comb is time-consuming but the most effective way to get rid of them. They do not wash out.*
- 8. Lice do not live a long time off of a human head** - *Lice live only 1 to 2 days off the head and if they are off the human head they are dying lice not capable of reproducing.*
- 9. All members of a family do not need to be treated if one person has lice** - *Only the person with lice should be treated. Lice shampoos are INSECTICIDES and can be dangerous if used incorrectly or too frequently.*
- 10. Checking a classroom when one student has lice does not prevent lice from spreading** - *Classroom transmission is EXCEEDINGLY RARE and a waste of valuable teaching time. Checking family members and close playmates is much more appropriate.*

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

American School Health Association. (2005). *School policies in the management of Pediculosis.* Retrieved from: <http://www.ashaweb.org/files/public/resolutions/pediculosis.pdf>

Centers for Disease Control and Prevention. (2010). *Head lice information for schools.* Retrieved from <http://www.cdc.gov/parasites/lice/head/index/html>