

# HEAD LICE

## Purpose

Penn Manor School District is committed to maintaining a healthy environment for students and staff. The following guidelines are founded on evidence based practice and based on recommendations from the Center for Disease Control (CDC), American Academy of Pediatrics, and the National Association of School Nurses (NASN). Pediculosis (infestation by head lice) should not disrupt the educational process. Absence from school due to head lice infestation is a significant problem that impacts a child's ability to attend school, thus making adequate academic progress difficult. 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. Head lice are not known to transmit infectious disease person to person. "No-nit" policies require a child to free of nits before they can return to school. All three organizations advocate that "no-nit" policies should be discontinued for the following reasons:

1. Many nits are more than one-quarter (1/4) inch from the scalp. Such nits are usually not viable and very unlikely to hatch to become crawling lice, or may in fact be empty shells, also known as casings.
2. Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.
3. Attendance at school is essential to academic success. The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice.
4. Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel. (<http://www.cdc.gov/parasites/lice/head/schools.html>)

## Procedure

Lice transmission in most all cases occurs by direct contact with the head of an infested individual. Indirect contact with personal belongings of an infested individual (combs, brushes, hats) is much less likely but may occur rarely. Thus the major focus of control activities should be to reduce the number of lice on the head and to lessen the risks of head-to-head contact. The gold standard for diagnosing head lice is finding a live louse on the head. Because a child with an active case of head lice infestation likely has had the infestation for 1 month or more by the time it is discovered, he or she should remain in class but be advised to avoid direct head to head contact with others. At any time during the school year, the school nurse may examine a student for head lice. If lice are identified, the following procedures shall be implemented:

1. If a student is diagnosed with live lice during the school day, the parent will be notified and informed to start treatment as soon as possible. Due to the low

probability of transmission in school, and the fact that having lice is a condition rather than a disease, the student will be permitted to remain in school and return home as usual, unless the parent chooses to pick up the student.

2. The school nurse will provide information to the parent/guardian regarding treatment. Students with live lice should be treated with an appropriate treatment that kills crawling lice. Nits may persist after initial treatment, but are firmly cemented to the hair and are not transmissible to another student. Head lice can be a nuisance but they have not been shown to spread disease.
3. The nurse will determine if the student has siblings in the district. If yes, then the nurse may check the siblings.

### Readmission

After the in-home treatment has been initiated and live lice have been removed, the child may return to school, even if nits persist.

After the in-home treatment the parent/guardian may bring the student to the nurse's office prior to the beginning of the next school day after treatment, or as soon as possible after treatment and the nurse will check for presence of live lice.

The nurse will continue to work with the family through the lice treatment and may provide periodic checks of the student, at the discretion of the CSN (Certified School Nurse).

### **Guidelines**

#### Classroom Environment:

The classroom is only one of many environments where head lice can be transmitted. According to the CDC, most transmissions occur in the home environment (friends, sleepovers, camps, etc.).

The practice of separating coats, backpacks, etc. has been found to not be important, as head lice do not stray from the head. Only live lice cause an infestation, not nits.

Students exhibiting possible symptoms of head lice infestation may be sent to the nurse's office for the nurse to examine.

No environmental pesticide treatments (sprays, pesticide bombs) are to be used.

Encourage students to avoid sharing hats, combs, and pillows; and avoid head-to-head contact.

Head lice screening programs (classroom checks) have not had a significant effect on the incidence or elimination of head lice in the school setting over time and have not proven to be cost effective and interrupt classroom instruction. Routine classroom checks will not be conducted.

The CSN will use professional judgment to determine when unusual measures are necessary to respond to extraordinary cases.

When a student is found to have live lice:

1. The parent/guardian is notified and information related to detection and elimination of head lice is provided at that time or sent home with the student in a sealed envelope.
2. Confidentiality must be maintained in regards to the “right to know”.
3. The parent/guardian is instructed that the student must be treated before returning to school.
4. Follow readmission guidelines.
5. If nits are found, the parent/guardian is notified to remove all nits at least daily for the next two weeks.
6. Retreatment of head lice usually is recommended because no approved pediculicide is completely ovicidal (whether it can kill lice eggs). Retreat according to instructions on box.
7. If after several treatments, at recommended intervals, live lice are found on the head, the parents should be advised to contact their personal health care provider for other treatment options.
8. Hats, scarves, pillow cases, bedding, clothing, and towels worn or used by the infested person in the 2 day period just before treatment is started can be machine washed and dried using the hot water and hot air cycles because lice and eggs are killed by exposure for 5 minutes to temperatures greater than 53.5 degrees C (128.3 degrees F). Clothing and items that are not washable can be dry-cleaned or sealed in a plastic bag and stored for 2 weeks. Head lice survive less than 1-2 days if they fall off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the same temperatures as that found close to the human scalp.
9. Vacuuming furniture, floors, cars, and car seats where the infested person sat or lay can remove an infested person’s hairs that might have viable nits attached. Fumigant sprays are not necessary, they can be toxic if inhaled or absorbed through the skin.
10. Follow-up head checks may be done by the school nurse to confirm lice management efforts.
11. Record these head checks in Sapphire as an office visit.
12. If live lice are found, the process of notification to the parent/guardian begins again.

When a student is found to have nits in the hair (no live lice detected).

1. The parent/guardian is notified and told to remove and check for nits at least daily for the next two (2) weeks.
2. Information related to detection and elimination of nits will be communicated to the parent/guardian or sent home with the student in a sealed envelope.
3. The student is not sent home from school for the presence of nits.
4. Record these head checks in Sapphire as an office visit, noting that no live lice were found.
5. Follow up head checks may be done at the discretion of the school nurse.

References:

Center for Disease Control (CDC). 2010. Head Lice. Retrieved January 28, 2013, from <http://www.cdc.gov/parasites/lice/head/schools.html>

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Frankowski, B., & Bocchini, J.A. (On Behalf the of the American Academy of Pediatrics). (2010). Head Lice. *Pediatrics*, 126 (2), 392-403.

National Association of School Nurses (NASN). (2004). Position statement: Pediculosis in the school community. Retrieved January 28, 2013, from <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/smId/824/ArticleID/40/Default.aspx>