

OSSD Head Lice Procedure

The OSSD updated this procedure after reviewing the recommendations from the American Academy of Pediatrics, the National Association of School Nurses, the Centers for Disease Control, and the Vermont Department of Health.

The goals of the head lice procedure are to:

- Decrease school absenteeism
- Maintain student privacy
- Support families in controlling and eliminating head lice

It is important to keep the following things in mind:

- Implementation of this head lice procedure is based on current scientific research and best practice.
- Past screening and exclusion practices in schools have contributed to stigma and myths about head lice which are not supported by research.
- Maintaining confidentiality of student information will be in compliance with FERPA.
- Information about head lice infestation will be shared on a “need to know” basis and as deemed appropriate by the school nurse.
- The American Association of Pediatrics and the National Association of School Nurses recommend that school No-Nit policies be discontinued. No-Nit policies required a child to be free of nits before they could return to school. These policies should be discontinued for the following reasons (CDC 2010):
 - Many nits are more than ¼ inch from the scalp. Nits such as these are usually not viable, very unlikely to hatch or may be empty shells.
 - Nits are cemented to hair shafts and are very unlikely to transfer successfully to other people.
 - Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel.
 - The burden of unnecessary absenteeism to students, families and communities outweighs the risks associated with head lice.

Procedures For Head Lice Detection And Management At School

When a student is found to have live lice:

- The parent/guardian will be notified by phone, the student may remain in school to the end of the day and a letter will be sent home regarding treatment. ● The parent/guardian will be instructed that the student should be treated before returning to school.
- Parents/guardians are reminded to remove nits as possible and retreat 8-10 days

or as suggested by manufacturer's labels.

- Follow up head checks will be done by the school nurse to conform lice management efforts.

When a student is found to have nits present (no live lice detected): ● The parent/guardian is notified and encouraged to remove nits as possible and monitor for live lice.

- Information about head lice will be sent home with the student.

***Full Classroom screenings for head lice are NOT done:** "Current evidence does not support the efficacy and cost-effectiveness of classroom or school-wide screening for decreasing the incidence of head lice among children " (CDC, May 2007).

Classrooms:

- The classroom is just one of the many environments lice can be transmitted. According to the CDC, most head lice transmissions occur in the home environment (sleepovers, camps, etc).
- Current evidence suggests that undue concern about spread through school items are not warranted.
- Tips for classrooms:
 - Do not use environmental pesticide treatments.
 - Encourage students to avoid sharing personal items such as hats and combs.
 - Hats and coats should be hung in cubbies on separate hooks
 - In classrooms where head lice has been detected, head-to-head contact should be discouraged.
 - Students with long hair may want to wear their hair up in "contained" styles such as braids, buns, etc.
 - Pillows and other items are unlikely sources of infestation but can be put in a dryer for 20 minutes on high heat or sealed in bags for two weeks to kill hatching lice.

Notification Procedures:

- Notification of nits or live lice will be given to the parent/guardian of the affected student.
- **Classroom Notifications are NOT done with typical head lice cases.** (NASN Position statement)
- In unusual cases, the school nurse and in consultation with the school principal, may consider sending a classroom notification letter for a high number of identified cases of head lice.

Exclusion Procedures:

A severe infestation of untreated head lice may be disruptive to the educational process. Exclusion may be imposed on students who are repeatedly/chronically

infested.

- If the school nurse determines that exclusion needs to be considered, the school nurse will consult with the principal.
 - With chronic infestations the school nurse will secure documentation of repeated and unsuccessful head lice management measures.
 - The parent/guardian will be given an exclusion letter. If unable to meet in person, a phone call will be attempted. Certified mail will be used if there are concerns about delivery.
 - Students may return to the classroom after a head check by a school nurse shows progress in head lice infestation. This would be evidenced by the elimination of live lice and/or decrease in the number of nits.

Documentation:

- Head checks are to be documented by the school nurse as in office visit in SNAP.

Head Lice Facts:

- Head lice are small gray or brown wingless insects that can live on the scalp and neck of a human host. They do not live on animals.
- They hatch from small eggs (nits) that are attached with a cement like substance to the shaft of individual hairs. Most commonly near the ears and the back of the neck.
- They must have the warmth of the human body and blood on the scalp to survive.
- Head lice have claws that keep them attached to the hair. They do not jump or fly. They want to stay on the hair near the scalp. They do swing from hair to hair.
- They need very close head to head contact to spread from one person to another. Homes and camps are the most common mode of transmission. ● Indirect transmission is uncommon but may occur from shared combs, brushes, hats and hair accessories that have been in contact with lice. RARELY are they spread through shared helmets or headsets.
- Itching occurs when lice inject a bit of saliva into the scalp. However, itching can persist even after treatment and is not a reliable sign of lice.
- When lice are discovered, they have usually been there for about a month.
- Lice will die within 48 hours without a blood source.
- Children ages 3-11 years old are at highest risk for head lice infestation.
- Basic treatment:
 - Cleaning bed linens and personal items that contacted the hair ○
 - Over the counter or prescription treatment and combing out lice/nits ○
 - Parents may wish to consult with their physician

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