

Management of Head Lice (Pediculosis) in the School Setting

Introduction:

Albuquerque Public Schools (APS), Student, Family, and Community Supports/Nursing Services Department supports the National Association of School Nurses' position statement on "Pediculosis Management in the School Setting" (NASN, 2011): the management of pediculosis (infestation by head lice) should not disrupt the educational process. Head lice are not responsible for the spread of any disease, are not a sign of un-cleanliness, and do not pose a health hazard. In-school transmission is considered to be rare and when transmission occurs, it is generally found among younger-age children with increased head-to-head contact.

Procedure:

This procedure describes the process in which APS Nursing Services supports the inclusion and academic achievement of students with verified cases of head lice, while implementing research-based prevention and control measures to minimize the spread of head lice among students attending APS. The objective of this procedure is to allow the student to fully participate in all educational and school-sponsored activities.

1. School Responsibilities:

- a. Teachers and other school personnel will maintain discretion and CONFIDENTIALITY when dealing with students who have head lice/nits.
- b. Teachers and other school personnel will be alert and intervene appropriately to prevent bullying of the student with head lice/nits.
- c. Teachers will be vigilant to symptoms of head lice/nits and discreetly refer students with symptoms to the health office for further assessment.
- d. School principal will ensure that staff understand and adhere to APS Nursing Services policies regarding the management of head lice.
- e. Annually, the School Principal, at his/her discretion, may collaborate with the School Nurse to distribute or publish the "Dear Parent Health Letter" which includes information to minimize missed school days, including information on head lice.
- f. Classroom control measures include:
 - i. Transmission of head lice in most cases occurs by direct contact with the head of an infested individual. Indirect spread through contact with personal belongings of an infested individual (combs, brushes, hats, etc.) is much less likely to occur. (Frankowski & Bocchini, 2010).
 - ii. It may be prudent to routinely keep students' personal belongings such as hats, scarves and jackets on the back of each student's chair, on separate hooks, or in individual storage cubicles.
 - iii. Students should be discouraged from sharing personal belongings such as hats, brushes, barrettes or jackets.
 - iv. Staff will be vigilant to symptoms of head lice/nits and discreetly refer students with symptoms to the school health office for further assessment.
- g. **Inappropriate** responses:
 - i. Excluding or quarantining the student or his/her personal belongings.
 - ii. Applying insecticides to classroom.
 - iii. Bagging of coats and clothes.
 - iv. Requesting classroom or school wide screenings.

2. Health Office Responsibilities:

- a. If at any time, a parent/guardian or school staff informs the Health Office that a student is suspected of having head lice or nits, the Health Office Staff will conduct a head check on the student in order to verify the presence of head lice/nits. Only the School Nurse or Health Assistant may identify or verify the presence of head lice/nits in students.
- b. After examining the student send him/her back to class whether or not there is evidence of head lice.
- c. It may be appropriate to screen other children who have had close head-to-head contact with a student with an active infestation, such as household family members. Classroom or school-wide screening is not merited (Frankowski & Bocchini, 2010) (NASN, 2011).
- d. Contact the parent/guardian to discuss the results and treatment options. The “Individual Parent Head Lice Notification” letter which includes lice management instructions will be sent home with the student. Any parent/guardian of a student with head lice will be given the option of picking up their student prior to the end of the school day to begin treatment.
- e. If parent/guardian cannot be reached then the “Individual Parent Head Lice Notification” which includes lice management instructions, will be sent home with the student at the end of the school day.
- f. Recheck the student upon return to school. If examination indicates continued infestations with lice, and there is no evidence of treatment, the student’s case will be considered “chronic”.
- g. In cases where a student has chronic or persistent head lice, the school nurse will work closely with parent/guardian to provide ongoing support, community referrals, resources, and education regarding treatment and control.
- h. School- or classroom-wide screening programs have not been proven to have a significant effect over time on the incidence of head lice in the school setting and are not cost effective. Parent education programs may be helpful in the management of head lice in the school setting (Frankowski & Bocchini, 2010).
- i. In cases where the school nurse verifies that **three or more** students in one classroom are infested with head lice, additional measures will be implemented.
 - i. The school nurse will notify the School Principal and Director of Nursing Services.
 - ii. Parents of students in the affected classroom will receive the “Classroom Wide Head Lice Notification” letter.

REFERENCES/RESOURCES:

Frankowski, B. L., & Bocchini, J. A. (2010). Clinical Report-Head Lice. *Pediatrics*. 126(2) 392-403.

Retrieved from <http://pediatrics.aappublications.org/cgi/content/abstract/126/2/392>

National Association of School Nurses (2011). Pediculosis management in the school setting. Retrieved from

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

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