

Fabens School District Head Lice Protocol

The Fabens School District head lice protocol is in line with the Texas Administrative Code RULE §97.7 and evidence based practices and recommendations from the Center for Disease Control, American Academy of Pediatrics, and the National Association of School Nurses.

Head Lice Rules and Recommendations for Schools:

The Texas Administrative Code RULE §97.7- Diseases Requiring Exclusion from Schools states that the school administrator shall exclude from attendance any child having or suspected of having a communicable condition. Exclusion shall continue until the readmission criteria for the conditions are met. The conditions and readmission criteria are as follows:

(10) Head lice (pediculosis)--exclude until one medicated shampoo or lotion treatment has been given.

Center for Disease Control: <http://www.cdc.gov/parasites/lice/head/schools.html>

“Students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun. Nits may persist after treatment, but successful treatment should kill crawling lice. Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

Both the American Association of Pediatrics and the National Association of School Nurses advocate that "no-nit" policies should be discontinued. "No-nit" policies that require a child to be free of nits before they can return to schools should be discontinued for the following reasons:

- Many nits are more than ¼ 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.
- Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.
- The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice.
- Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel.”

National Association of School Nurses: <http://www.nasn.org/Default.aspx?tabid=237>

“It is the position of the National Association of School Nurses that the management of pediculosis (infestation by head lice) should not disrupt the educational process. No disease is associated with head lice, and in-school transmission is considered to be rare. When transmission occurs, it is generally found among younger-age children with increased head-to-head contact (Frankowski & Bocchini, 2010).

Children found with live head lice should remain in class, but be discouraged from close direct head contact with others. The school nurse should contact the parents to discuss treating the child at the conclusion of the school day (Frankowski & Bocchini, 2010). Students with nits only should not be excluded from school (American School Health Association, 2005, Frankowski & Bocchini, 2010, Pollack, Kiszewski & Spielman, 2000), although further monitoring for signs of re-infestation is appropriate. 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, but classroom-wide or school wide screening is not merited (Andresen & McCarthy, 2009). 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)."

Department of State Health Services: <http://www.dshs.state.tx.us/schoolhelath/lice>

Pediculosis has been around since prehistoric ages and represents more of a social issue than a health threat. The "no-nit" policy places a disproportionate amount of emphasis on pediculosis management rather than on other more legitimate health concerns which should be of a higher priority. This over emphasis can lead to unproductive use of time by school staff and parents, missed classes, unnecessary absences, and parents missing work.

DSHS is not alone in their stance against strict "no-nit" policies. A panel of scientists and public health professionals convened at the Harvard School of Public Health to discuss issues related to increased evidence of head lice resistance to certain pediculicides. The panel published a consensus report with suggestions for treatment and prevention of head lice based on their findings. In regards to "no-nit" policies, the report states that "there is little evidence that exclusion from school reduces transmission of lice. No other minor medical condition warrants school exclusion. Conversely, children with more morbid, communicable disorders (i.e. viral URI's, tinea capitis) are routinely allowed to remain in class. Therefore, confirmation of a louse infestation does not warrant exclusion, but does require treatment. The "no-nit" policy is not in the best interest of the child, the family or the school."

- ❖ Each case of head lice should be evaluated on an individual basis by the school nurse and/or school principal. Recommendations will be made based on the individual evaluation.
- ❖ **The following protocol should be followed when a student is found to have live lice:**
 - The student's parent/legal guardian will be notified by phone if possible and information related to detection and elimination of head lice will be provided at that time or sent home with the student in a sealed envelope.
 - The student will **not** be sent home from school, unless the parent/legal guardian desires to pick up the student.
 - Student confidentiality will be maintained at all times.
 - The student must be treated with a physician prescribed or over the counter treatment before returning to school.
 - It is appropriate for the school nurse to conduct a head check upon the student's return to school. If live lice are found, the student will **not** be allowed to return to the classroom

and the parent/legal guardian will be instructed to remove all live lice before the student returns to school.

- If nits are found, the parent/legal guardian will be instructed to comb out the nits using a lice comb at least once daily for the next two weeks.
- Follow up head checks may be done by the school nurse or trained school staff to confirm lice management efforts.
- Record these head checks in TEAMS as an office visit.
- If live lice are found, the process of notification to parents/guardians begins again.
- If it has been determine that the student has siblings in the district the siblings should be checked as well.
- If the siblings are found to have live lice or nits the parent/legal guardian will be notified and the appropriate protocol for that particular student will be followed.

❖ **The following protocol should be followed when a student is found to have nits in the hair without the presence of live lice:**

- The student's parent/legal guardian will be notified by phone if possible and information related to detection and elimination of head nits will be provided at that time or sent home with the student in a sealed envelope.
- The student is **not** sent home from school.
- The parent/legal guardian will be instructed to comb out the nits using a lice comb at least once daily for the next two weeks.
- Follow up head checks may be done by the school nurse or trained school staff to confirm lice management efforts.
- Record these head checks in TEAMS as an office visit.
- If future checks reveal an increased number of nits present or it is obvious to the screener that the student's hair has not been treated (live lice are present), the parent will be contacted for follow up.
- If live lice are found the protocol for live lice should be followed.
- If it has been determine that the student has siblings in the district the siblings should be checked as well.
- If the siblings are found to have live lice or nits the parent/legal guardian will be notified and the appropriate protocol for that particular student will be followed.

❖ **Classroom Management:**

- Classroom wide or school wide screening has not been shown to be effective and has had no significant effect on the incidence of head lice in the school setting and should therefore be avoided.
- "Screening for nits alone is not an accurate way of predicting which children will become infested, and screening for live lice has not been proven to have a significant effect on the incidence of head lice in a school community over time." (AAP Policy, September 2002).
- 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, camp, etc).

- Past practice of separating coats, backpacks, etc have been found to not be important, as healthy head lice do not stray from the head. A head louse which is on an inanimate object is most likely a dying head louse.
- No environmental pesticide treatments (sprays, pesticide bombs) are to be used.
- Encourage students and instruct teachers to avoid the sharing hats, combs, and pillows; and to avoid head-to-head contact.
- The School Nurse will use professional judgment to determine when unusual measures are necessary to respond to extraordinary cases.

❖ **Parental/Legal Guardian Notification Protocol:**

- Parents/legal guardian will be notified by letter sent home with their student if there are three or more confirmed cases of live head lice discovered in the elementary classroom.
- Because middle school students change classes and are much less likely to have head to head contact, a letter will not be sent except as deemed necessary by the School Nurse and school principal.
- In the rare case that a student is to be excluded (see protocol for live lice) a notice will be given to the parent in person if possible, and a phone contact will be attempted and documented. If there is concern about the delivery of the notification, it can be sent via certified mail.

❖ **Exclusion Procedures:**

Note: the presence of severe infestations of untreated head lice can be disruptive to the educational environment.

- In the rare case that a student has either a chronic head lice infestation or a severe head lice infestation that is disruptive to the learning environment, the school nurse will be consulted.
- If in the nurse's professional judgment it is determined that exclusion from school needs to be considered, the nurse will consult with the school principal about implementing the exclusion. This measure will only be taken with careful consideration.
- With chronic head lice cases the nurse will obtain the documentation of repeated and unsuccessful head lice management measures from TEAMS.
- Parents/legal guardian will be notified of unsuccessful head lice management and recommendations for treatment and or medical evaluation will be given in writing.
- The return of a student after being excluded from school will necessitate a head check by the school nurse or trained school personnel to confirm evidence of progress in head lice management.
- Evidence is elimination of live lice and a decrease in the number of nits.
- It may be deemed appropriate for the school nurse to use her professional judgment to monitor progress of lice management over a period of time. The goal is to support the family in the eradication of live lice and/or nits.

❖ **The Role of the School Nurse:**

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.