

Policy

HEAD LICE

The management of head lice (pediculosis) should not disrupt the educational process. No disease is associated with head lice. In-school transmission is considered to be rare, usually occurring among younger-age children with increased head-to-head contact. Children found with head lice should remain in class and instructed to avoid head-to-head contact.

The parents should be contacted by the school nurse to discuss treatment at the conclusion of the school day. Students with nits only should not be excluded, but monitoring for signs of re-infestation is indicated. 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, or close friends but class-wide or school-wide screening is not merited. It is vital that the school nurse prevent stigmatizing and maintain the student's privacy as well as the family's right to confidentiality. School nurses are in a pivotal position to dispel myths and stigmas about head lice by providing education on the life cycle of the louse, methods of transmission, treatment options and care of the environment to the student's family, school and community at large.

The school nurse is the key health professional to provide education and anticipatory guidance to the school community regarding best practice in the management of head lice. The following guidelines shall be implemented for the control of head lice (pediculosis).

Description

Head lice are one to four mm in length, wingless, hairy, six legged insects. Color varies from cream to almost black, often blending with the human host's hair color. They are hard to see because of their size, color and sensitivity to light. Eggs are laid by the adult female louse at a rate of eight to ten per day. They hatch in seven to ten days from a nit (egg casing), which appears as a clear, graying white ellipsoid (tear drop), firmly attached to the hair shaft, close to the scalp.

Characteristics

Head lice characteristically:

- A. Occur in all socioeconomic levels;
- B. Are not associated with poor hygiene;
- C. Are dependent on human blood for nourishment and can live off the human host for 24-48 hours;
- D. Do not jump, hop or fly.

Symptoms

The following symptoms may indicate that head lice are present:

- A. Itching of the scalp, especially at the nape of the neck and behind the ears;
- B. A tickling feeling or a sensation of something moving the hair;
- C. Irritability and sleeplessness;
- D. Sores on the skin which can be infected with bacteria normally found on a person's skin

HEAD LICE (continued)Mode of Transmission

To prevent the spread of a head lice infestation the following modes of transmission should be recognized and avoided:

- A. Direct head-to-head contact;
- B. Indirect contact including using infested combs, brushes, head phones, batting helmets, hats, barrettes, laying on infested sofa's, stuffed toys, pillows.

Screening Procedure

When a head lice infestation is suspected the following screening procedure may be used to verify that head lice are present:

- A. Directly inspect the hair and scalp using a good light source;
- B. Applicator sticks may be used to part the hair to detect the presence of crawling lice especially at the nape of the neck and behind the ears or "where it itches."

Recommended Treatment

The physician/health care provider should be consulted about which product to be used. The treatment should be administered by an adult and the directions on the box or prescription followed exactly. Some products require a second treatment in seven to ten days. Cream rinse or other hair products should be removed from the hair before applying the pediculicide.

There is little scientific evidence regarding the effectiveness of alternative treatments (e.g. occlusive agents, electric combs, herbal shampoos). Nit picking alone is not considered an effective treatment for head lice;

All recently worn clothing, hats, bedding, towels used by anyone having head lice can be washed in hot water (130 degrees) or dry cleaned. Personal care items such as combs, brushes, and hair clips should also be washed in hot water. Pillows and toys such as stuffed animals can be placed in a hot dryer for 30 minutes or in a sealed plastic bag for two weeks (from www.hsph.harvard.edu/headlicc.html and www.nasn.org).

Management of Head Lice

School nurses shall have the responsibility for implementing a prevention and control program for head lice in accordance with the following guidelines:

- A. Elementary nurses are encouraged to send home a letter and information about head lice in September to reduce the stigma of head lice and educate parents about head lice;
- B. Students who show symptoms of head lice should be screened by the school nurse:
 - 1. If no lice or nits (eggs) are found the child should be reassured and only be rescreened if needed in the nurse's judgment;
 - 2. If only nits and no lice are found the student should not be excluded and the following procedures shall be implemented:
 - a. Parents should be notified and urged to monitor their child for an active infestation (live lice). The S.C.R.A.T.C.H. information sheets (English and Spanish) or other educational material may go home(see www.nasn.org/ToolsResources/SCRATCHHeadLiceResources);
 - b. The nurse should monitor the child for live lice and be alert for the potential of head lice in close contacts.

Screening of entire classrooms or grade levels is not indicated.

HEAD LICE (continued)

C. If live lice are found the child may remain in school for the remainder of that school day.

1. The student should be instructed to avoid head-to-head contact or sharing items that come in contact with his/her head and the following procedures shall be implemented:
2. Parents will be contacted by the school nurse. They will be instructed to contact their health care provider for advice on treatment of head lice;
3. S.C.R.A.T.C.H. information sheets or other information may be sent home with the child (see www.nasn.org/ToolsResources/SCRATCHHeadLiceResources);
4. Students will not be permitted to return to their classroom the next school day until they have been screened by the nurse and no active lice are found;
5. The nurse should monitor the child for live lice and be alert for the potential of head lice in close contacts.

Screening of entire classrooms and grade levels is not indicated.

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Key Words

Lice, Head Lice, Nits, Eggs, Pediculosis, Nurse,

<u>Legal References:</u>	<u>N.J.S.A. 18A:40-3</u>	Lectures to teachers
	<u>N.J.S.A. 18A:48-7 et seq.</u>	Exclusion of pupils who are ill
	<u>N.J.S.A. 18A:40-8</u>	Exclusion of pupils whose presence is detrimental to health and cleanliness
	<u>N.J.S.A. 26:4-4</u>	Notice to local board to control disease; proceeding to compel action
	<u>N.J.S.A. 26:4-6</u>	Prohibiting attendance of teachers or pupils
	<u>N.J.A.C. 6A:1.1 et seq.</u>	Bylaw for the State Board of Education
	<u>N.J.A.C. 6A:2.1 et seq.</u>	Commissioner
	<u>N.J.A.C. 8:52-7 et seq.</u>	Public health nursing
	<u>N.J.A.C. 8:57-1.3</u>	Reportable diseases
	<u>N.J.A.C. 8:57-1.6</u>	Reporting positive laboratory tests denoting diseases
	<u>N.J.A.C. 8:57-2.1 et seq.</u>	Applicability; definition of AIDS, HIV infection, perinatal HIV exposure, and CD4 count
	<u>N.J.A.C. 8:61-1.1</u>	HIV services and definitions

www.nasn.org/ToolsResources/SCRATCHHeadLiceResources

Possible

<u>Cross References:</u>	*3516	Safety
	*3542	Food service
	*4112.4	Employee health
	*4131/4131.1	Staff development; inservice education/visitations/conferences
	4151.2	Family illness/quarantine
	*4212.4	Employee health
	4251.2	Family illness/quarantine
	*5111	Admission
	*5125	Pupil records
	*5141	Health
	*5141.1	Accidents
	*5141.2	Illness
	*5141.3	Health examinations and immunizations
	*5141.4	Child abuse and neglect
	*5141.21	Administering medication
	*5142	Pupil safety

HEAD LICE (continued)

*5200	Nonpublic school pupils
*6142.4	Physical education and health

*Indicates policy is included in the Critical Policy Reference Manual.