PEDICULOSIS (HEAD LICE) MANGEMENT

DEPARTMENT: WCPS School Health Programs

EFFECTIVE DATE: 04/01/2024

REVISION DATE:

SIGNATURE: _____

WCPS Supervisor of School Health Programs

PURPOSE: To manage and prevent the spread of head lice infestations while minimizing disruption to the educational process by aligning procedures with current evidence-based practices.

SCOPE: This policy applies to all WCPS school health program employees and program contractors.

DEFINITIONS:

Pediculosis: Infestation of the head, hair and/or scalp with lice. Head lice infestation can be nuisance, but lice has not been shown to spread disease.

Louse: A small insect that lives on the scalp of the head.

Head lice: More than one louse. Adult head lice are parasitic insects 2-3 mm long. Head lice infest the head and neck and attach their eggs near the base of the hair shaft. Head lice move by crawling. They cannot hop, jump, or fly.

Nits: Nits are lice eggs laid by the adult female. Nits are firmly attached to the hair shaft. They are oval-shaped, very small and difficult to see. Nits often appear yellow or white. Eggs usually hatch in about eight to nine days. Nits that are located further than ¼ inch from the scalp are likely to be non-viable or empty casings.

POLICY STATEMENTS:

A. To prevent outbreaks, the principal, in collaboration with the licensed nurse, will provide appropriate information about head lice and its control to parents/legal guardians at the beginning of the school year and as needed.
B. The licensed nurse and the principal for each school will collaborate at the beginning of each school year to discuss the management of pediculosis, the available treatment resources, and establish a plan for communicating positive cases.
C. Classroom screenings are often inaccurate, not cost-effective, and notification to others may be a breach of confidentiality (Pontius, 2014). Therefore, classroom screenings should not routinely occur. The decision to conduct classroom screening is under the purview of the licensed nurse (NASN, 2020).
D. Individual pediculosis screenings will be conducted in the health office when signs and symptoms have been reported/observed. Signs and symptoms may include students complaining of itchy scalp or excessive scratching of the head. Students should not be sent to the health office solely based on knowledge of previous history of pediculosis infestation or hearsay.

E. When infestation is identified, health staff will contact the parent/legal guardian and disseminate education for pediculosis management.
F. If the parent/legal guardian is unable to obtain treatment products, school or health staff can provide treatment products to the parents/legal guardians if available.
G. When pediculosis is identified, the student can remain in school until the end of the school day if the parent/legal guardian is unable to pick them up prior to the end of the school day to begin treatment. The student can return to school after treatment is completed.
H. The licensed nurse may decide to rescreen students identified with pediculosis ten to fourteen days after their initial treatment to ensure that any remaining viable nits have not hatched.
I. To protect students' right to confidentiality, teachers and other school staff will not be routinely notified of cases of pediculosis that have been identified by health staff.
J. Emergency contacts will not be contacted to pick up a student identified with pediculosis.
K. The licensed nurse will provide pediculosis education to school staff at the beginning of the school year and as needed.
L. Each individual case is unique, and exclusions may be warranted based on any potential negative impact to the student's ability to learn and/or their social/emotional well-being. The decision to exclude is a collaborative effort between the licensed nurse and the principal.

PROCEDURE(S):

If a student in a school is suspected of having pediculosis:

A. The person suspecting the pediculosis infestation should send the student to the health office. Health staff will maintain the student's confidentiality and inspect the hair and scalp for evidence of infestation.
B. If no signs of infestation are observed, no further action is necessary, and the student will be returned to the classroom.
C. If infestation is identified, health staff will attempt to contact the parent/legal guardian while the student remains in the health office.
    a. Health staff will recommend that the parent/legal guardian pick up the student to begin treatment.
    b. Health staff will provide the parent/legal guardian with education and treatment products if available.
    c. If the parent/legal guardian is unable/unwilling to pick up the student, the student will remain in school and begin treatment after the school day.
    d. If the parent/legal guardian decides to pick up the student, the student will wait for the parent/legal guardian to arrive in the health office. If the estimated time of arrival is greater than thirty minutes, the student may return to class until the parent/legal guardian arrives.
D. Health staff will document in the electronic medical record.

References

National Association of School Nurses. (2020). Head Lice Management in Schools (Position Statement). Author.

Pontius, D. (2014). Demystifying Pediculosis: School Nurses Taking the Lead. Pediatric Nursing, 40(5), 226-235. https://www.pediatricnursing.net/ce/2016/article4005226235.pdf

Maryland Department of Health. (2023). Maryland Communicable Disease Summary: A Guide for School Health Services Personnel, Child Care Providers and Youth Camps (2023).https://health.maryland.gov/phpa/OEHFP/CHS/Documents/Youth%20Camps/Communicable%20Disease%20Summary_2023.pdf#search=Communicable%20Disease%20Summary