

HEAD LICE GUIDANCE

Guidance provided by the School Health Specialist at the Oregon Department of Education (ODE) and the State School Nurse Consultant within the Public Health Division of the Oregon Health Authority.

Thank you to ODE’s School Nurse Advisory Group for their assistance creating a best-practice set of guidelines for school nurses and school districts in Oregon.

SUMMARY

The management of head lice in the school setting should not disrupt the educational process. Evidence-based strategies include:

- Abandoning “no-nit” school policies;
- Educating students on the avoidance of head-to-head contact and sharing of personal items;
- Allowing students to remain in class and participate in school-sponsored activities when live lice or nits (the eggs of head lice) are found on their heads;
- Notifying parents/caregivers at the end of the school day when findings indicate the presence of head lice; and
- Educating parents/caregivers about prevention methods, regular head-checks at home, evidence-based treatment options. (NASN, 2016)

BACKGROUND

In the United States, head lice infestations are most common among preschool and elementary school-age children and their household members regardless of socioeconomic status and hygienic living conditions (Centers for Disease Control and Prevention [CDC], 2015a). “No-nit” policies that require a child to be free of nits before he or she can return to school lack evidence of being effective, result in unnecessary absenteeism, and may violate affected children’s civil liberties (Pontius, 2014; CDC, 2015a). Unnecessary absenteeism leads to missed learning opportunities for the student and potentially lost family wages due to loss of parent/guardian workdays (Pontius, 2014).

Head lice are not known to cause disease; however, secondary bacterial infection of the skin can occur from contaminated scratching and related lesions. Research has shown that the survival of head lice when not on the head is usually less than one day, and the eggs can only hatch when incubated by body heat found near the scalp (Devore et al., 2015; CDC, 2015b). Transmission occurs primarily through head-to-head contact and infrequently through indirect contact with shared personal belongings. By the time an infestation is discovered, the student may have already had head lice for a month or longer (Devore et al., 2015).

Even with this knowledge, the presence of head lice can negatively affect families and schools. For the student and family there can be significant social stigma and caregiver strain (Gordon, 2007). For the school, when evidence-based policies and intervention strategies are not in place, head lice can significantly disrupt the education process (CDC, 2015b; Pontius, 2014).

In the past, many schools with “no nit” policies expended innumerable hours and resources in attempts to eradicate head lice infestations. Studies have shown that control measures such as mass screenings for nits, have not been shown to have a significant effect on the incidence of head lice in a school community, nor have they shown to be cost-effective (Devore et al., 2015; Meinking & Taplin, 2011). Communication between school personnel and parents/caregivers highlighting cases of head lice (e.g., “head lice outbreak letters”) has been shown to increase community anxiety, increase social stigma causing embarrassment of affected infested students, and puts students’ rights to confidentiality at risk (Gordon, 2007; Pontius, 2014).

RATIONALE

Evidence-based strategies for the management of head lice in the school setting can reduce the incidence of infestations, the social stigma and caregiver strain experienced by students and families, and the negative impact on students’ education. Best-practice head lice management includes:

- Educating the school community with a focus on dispelling common myths about head lice (e.g., incidence, life cycle of the head louse, mode of transmission, importance of regular surveillance at home, recommended evidence-based treatment options, care of the environment) (Pontius, 2014).
- Elimination of mass school/classroom screenings for head lice (Devore et al., 2015; CDC, 2015a).
- Family education about how to routinely assess their children for suspected head lice (Devore et al., 2015).
- Provide confidential screening by school staff who have been trained by a healthcare professional, when appropriate for suspected cases of head lice.
- Returning affected students to class or other school sponsored activities with instruction to avoid head-to-head contact and sharing of personal items (Pontius, 2014).
- Eliminating classroom-wide or school-wide head lice notifications (‘lice letters’).
- Notifying parents/caregivers at the end of the school day to teach about evidence-based treatment options.

CONCLUSION

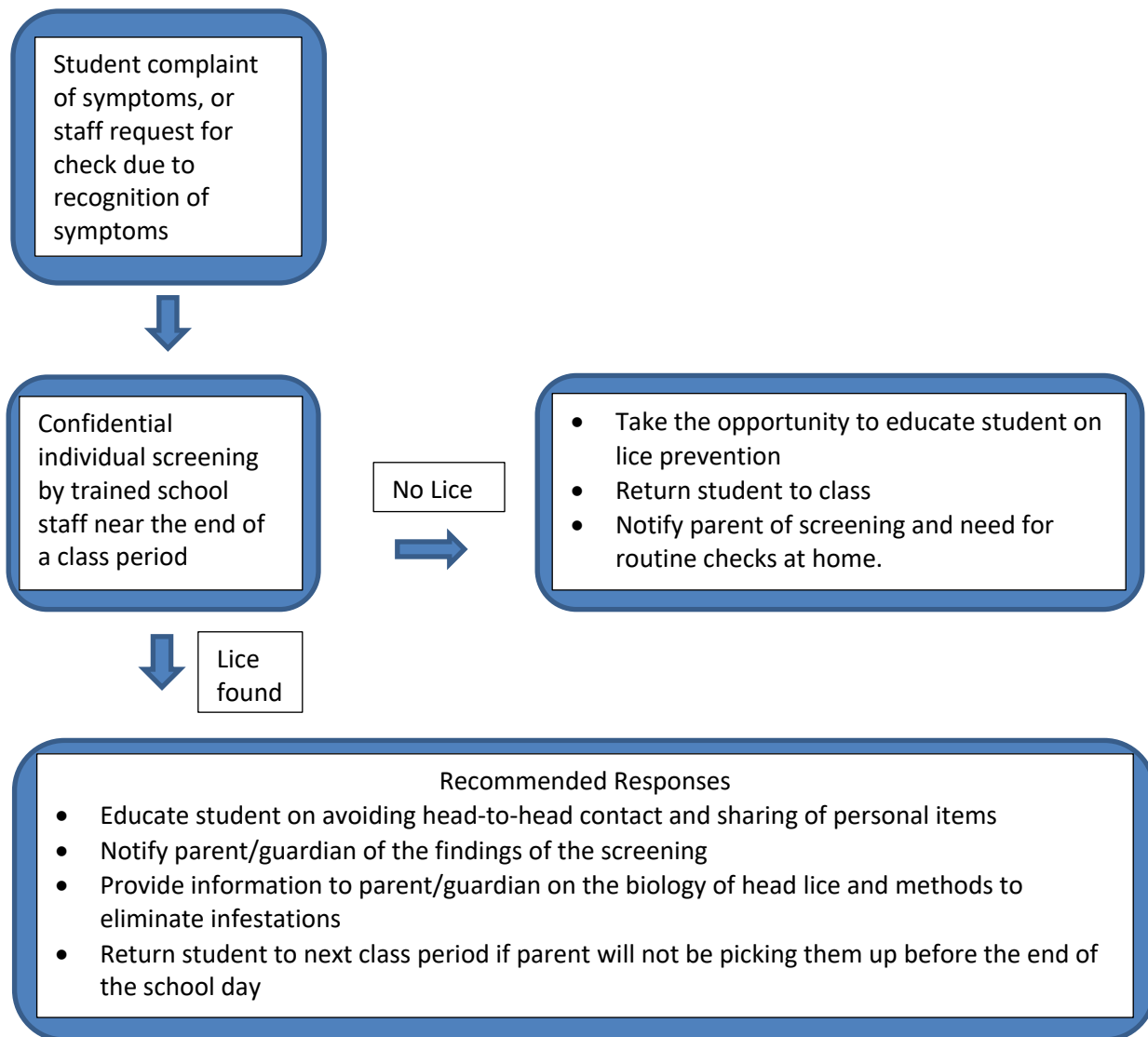
It is unlikely that all head lice infestations can be prevented. Parents/caregivers will benefit from receiving support from school staff about the importance of regular surveillance at home, choosing and adhering to the protocols of evidence-based treatment recommendations, and educating to dispel head lice myths. The education mission of schools will be supported by implementing evidence-based policies and strategies under the guidance of the school nurse. The burden of unnecessary absenteeism to the students, families, and communities far outweighs the perceived risks associated with head lice.

LEGAL REFERENCES

There are no Oregon laws that address head lice in schools. Local school boards have the ability to formulate policy for their own district, but should note that head lice (pediculosis) is not a school-

restrictable disease according to Oregon law. School nurses are in a unique position within a school district to provide leadership, expertise, and education for families dealing with head lice and its associated effects.

Managing Presumed Head Lice in Schools



Unjustified Responses

- Excluding or quarantining the student or his/her possessions
- Violating confidentiality of the affected student and his/her family
- Notifying other students and parents of minor health issues affecting classmates
- Mass screening of students for head lice and/or nits
- Applying insecticides to classrooms and buses
- Reporting cases of head lice to DHS
- Bagging of coats and clothes
- Restricting the use of headphones or helmets

RECOMMENDED INDIVIDUAL STUDENT SCREENING PROCEDURE

1. Establish a private location for the screening to occur (health room, office) with adequate lighting.
2. Schedule enough time to adequately assess the student and provide relevant assurance and education.
3. Call for student from class near the end of a class period.
4. Explain the procedure and rationale to the student.
5. Using gloves and a tool to help part the hair, work section by section, and assess for:
 - a. Live bugs
 - b. Viable nits
 - c. Artifact – old nits, dandruff, etc.
 - d. Side effects of infestation – scratches, sores
6. If a live louse is found, consider securing with a piece of tape for further identification and education for parent/guardian.
7. Share results with parent/guardian as indicated. Provide assistance/resources as needed.

REFERENCES

- Centers for Disease Control and Prevention. (2015a). *Head lice information for schools*. Retrieved from <https://www.cdc.gov/parasites/lice/head/schools.html>
- Centers for Disease Control and Prevention. (2015b). *Biology*. Retrieved from www.cdc.gov/parasites/lice/head/biology.html
- Devore, C., Schutze, G., & The American Academy of Pediatrics' Council On School Health and Committee on Infectious Diseases. (2015). Head lice, *Pediatrics*. 135(5), e1355-e1365. Doi:10.1542/eds.2015-0746
- Gordon, S. (2007). Shared vulnerability: A theory of caring for children with persistent head lice. *The Journal of School Nursing*, 23(5), 283-294.
- IdentifyUS, LLC. (2017). Lice Management Chart for Schools. Retrieved from <https://identify.us.com/idmybug/head-lice/head-lice-documents/lice-mgmnt-chart-school.pdf>
- Meinking, T., & Taplin, D. (2011). Infestations. In L. Schachner, & R. Hansen (Eds.). *Pediatric dermatology* (pp. 1525-1583). Philadelphia, PA: Mosby Elsevier.
- Multnomah Education Service District (MESD) Department of School Health Services. (2004). *Quality Nursing Manual: Head Lice - 2008 Revision*.
- National Association of School Nurses. (2016). *Head Lice Management in the School Setting* (Position Statement). Silver Spring, MD: Author.
- Pontius, D. (2014). Demystifying pediculosis: School nurses taking the lead. *Pediatric Nursing*, 40(5), 226-235. Retrieved from <https://www.pediatricnursing.net/ce/2016/article4005226235.pdf>