



GUIDELINES FOR PEDICULOSIS (Head Lice) MANAGEMENT

Background

While we understand that the management of head lice in the school setting is a nuisance and causes a high level of anxiety among parents of school-aged children, head lice do not transmit disease and do not pose any health hazards.

Head lice are parasites that do not survive away from the human body after 24-48 hours. They do not live on pets. Head lice are wingless and do not fly or jump, nor crawl long distances. Direct head-to-head contact is needed for head lice to travel from one person to another. A head louse spread through indirect contact from personal belongings of an infested person is less likely.

Females lay eggs that are sometimes referred to as nits. None of the head lice treatments kill the nits completely, so manual removal of nits and a two treatment regimen supports breaking the cycle of lice transmission. Most researchers do not support school exclusion policies for nits. School-wide screening has not proven to affect the incidence of head lice in a school setting and has not been proven to be cost effective. A child identified with live lice may have had the infestation one month or more so immediate removal from school is not warranted.

Based on recommendations from the American Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN), students do not need to be excluded from school due to head lice or nits. **No healthy child should be excluded from school or allowed to miss school time because of head lice or nits.**¹ Per the NASN position statement, the management of head lice in the school setting should not disrupt the educational process². The Office of Student Health Services supports the AAP and NASN guidelines.

SCREENING

A student may be referred to the school nurse or clinic assistant by a parent or a staff member for screening. The screener should take special consideration so as not to embarrass the student. Screening equipment may include tongue blades, wooden applicator sticks and disposable gloves (optional).

Screening steps:

1. Maintain student's privacy and the family's right to confidentiality when screening a student. Do not single out a student in front of his or her classmates or peers.
2. Inspect the head in a well-lit area.
3. Ask the student to tilt head forward so that the warm areas at the base of the hairline and around the ears can be inspected.
4. Continue to the crown or top of the head where lice are likely to nest due to the trapped warmth in the layers of hair.
5. Using one or two tongue blades or sticks, part the hair and look for nits and/or crawling lice. Live lice are about the size of a sesame seed, usually brown and move quickly away from light. Nits are tiny, yellowish-

white oval eggs firmly attached at an angle to the hair shaft close to the scalp. Nits need to be within ¼ inch from the scalp to be viable.

6. For hairstyles that may make screening difficult, do not disturb the hair. Notify the parent/guardian to screen their child at home.
7. Religious head covers are not to be disturbed or removed.
8. Questions concerning how to identify lice or nits should be referred to the school nurse.
9. Nits or lice in eyelashes or eyebrows should be referred to the healthcare provider.

Action steps:

NITS: Notify the parent/guardian that nits were found. Discuss the need for nit removal and daily inspection for evidence of live lice. Review nit removal process. Provide the parent/guardian with:

1. A copy of *RECOMMENDED TREATMENT PROCEDURES FOR HEAD LICE*

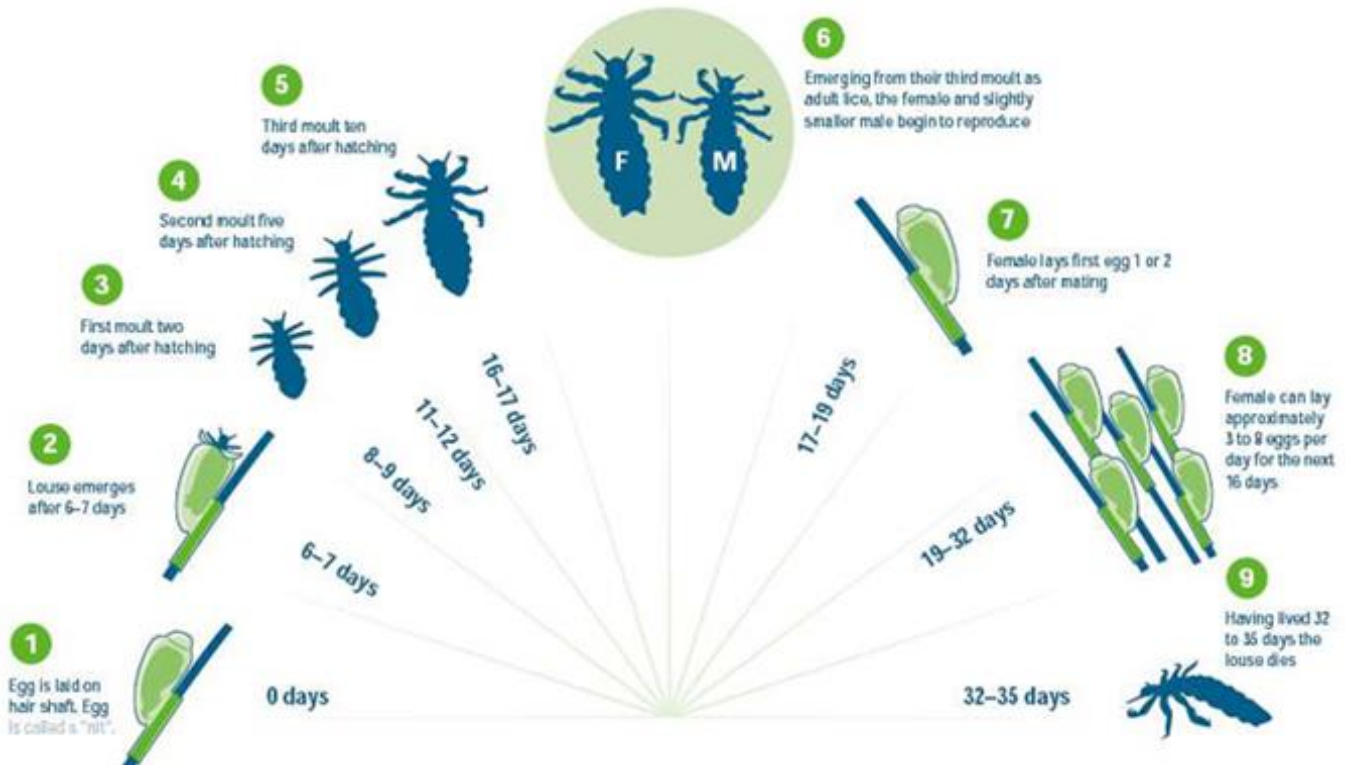
HEAD LICE: Notify the parent/guardian that live lice were found. Discuss need to initiate treatment. Discourage student's close head contact with others. Provide the parent/guardian with:

2. A copy of *RECOMMENDED TREATMENT PROCEDURES FOR HEAD LICE*
3. Head Lice Treatment Verification Form

Photo Guide:



Louse Life Cycle



TREATMENT

Treatment steps:

1. A clear determination of head lice is crucial before starting treatment. Persons with an active infestation should be treated with a medicine that is effective against lice (called a pediculicide). Everyone found to be infested should be treated on the same day.
2. Children over 2 years of age may be treated using an FDA-approved over-the-counter product with permethrin 1% or pyrethrins (pediculocides).
3. Children under the age of 2 should be referred to their healthcare provider for treatment.
4. Pregnant women should not use these products. Refer to healthcare provider.
5. Treatment includes the application of the pediculicide, the daily manual removal of nits by combing hair when wet, followed by a second treatment with a pediculicide 7-10 days later.
6. Other prescription medication may be used at the discretion of the student's healthcare provider and is used as directed.
7. Manual removal by wet-combing or an occlusive method may be considered with emphasis on careful technique for at least two weekly cycles. Refer to school nurse for questions.
8. The clinic assistant should refer chronic re-infestations to the school nurse for further investigation.

Treatment One: The student with a confirmed case of head lice may return to school the next day after the initial treatment and the *Head Lice Treatment Verification Form* has been completed.

Treatment Two: The school nurse or clinic assistant will follow-up with the parent/guardian 7-10 days after the initial treatment reminding them to return the *Head Lice Treatment Verification Form* to the school clinic after the second treatment.

Treatment Follow-Up: The school nurse or clinic assistant will screen the student 7-10 days after the second treatment to determine if live lice are present. If live lice are evident after the second treatment has been completed, the school nurse will recommend follow-up with the student's licensed healthcare provider. Treatment failure may be attributed to:

- Inappropriate use of the over-the-counter product
- Failure of the over-the-counter product to kill the lice
- Failure to remove all nits
- Re-infestation from another source

ROLES AND RESPONSIBILITIES

PARENT/GUARDIAN:

- Learn about head lice infestation and management.
- Check child's hair regularly and treat child immediately if child has live lice.
- Inform school and close contacts, daycare provider or after-school program of any infestation.

CLINIC ASSISTANT:

- Document each case in Synergy Health per Student Health Services documentation protocol.
- Notify parent/guardian when head lice is detected on their child and explain the treatment procedures. Advise them that a *Head Lice Treatment Verification Form* along with the *Treatment Recommendations for Head Lice* will be sent home with the student.
- Give a brief age-appropriate explanation to the student about head lice.
- Screen any siblings of an infested student enrolled in the same school.
- Classroom screenings have not been proven to have a significant effect over time on the incidence of head lice in the school setting.
- Recheck the student 7-10 days after the second treatment.
- Refer chronic infestations or families in need to the school nurse.

SCHOOL NURSE:

- Document each case in Synergy Health per Student Health Services documentation protocol.
- Recheck the student 7-10 days after the second treatment.
- Provide information and education to the clinic assistant and school community about head lice management.
- Provide additional education or assistance to those families with chronic head lice infestation and follow-up with physicians when indicated.
- Collaborate with the principal regarding communication with classroom parents.

CLASSROOM TEACHER:

- Avoid activities that may result in head-to-head contact.
- Teach children not to share combs, brushes, hair apparel, plush toys, pillows and clothing (especially dress-up or costumes).

- Separate student's coats or other personal items. Coats and hats should be hung separately and spaced so they do not touch. Place hats in coat sleeves.
- Label sleeping mats or blankets and store in separate cubbies or in individual bags.
- Notify the school nurse or clinic assistant if a student is observed to have persistent itching or scratching of the scalp.

SCHOOL PRINCIPAL:

- Request that carpets or rugs be vacuumed in affected classroom. Pediculocide spray is not necessary and should not be used, as it is not effective and can cause harm.
- Send parent notification letters to classroom parents in the following situations:
 - if three or more cases of head lice are identified in a single class setting; or
 - if one or more cases are persistent; or
 - at the discretion of the administrator.

References:

¹ American Academy of Pediatrics, PEDIATRICS Volume 135, number 5, May 2015

<http://www.aappublications.org/content/36/5/1.3>

NASN Lice Management in the School Setting - Pediculosis Position Statement January, 2016

<https://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/934/Head-Lice-Management-in-the-School-Setting-Revised-2016>

Virginia Department of Health, Pediculosis Fact Sheet <http://www.vdh.virginia.gov/epidemiology/epidemiology-fact-sheets/pediculosis-head-lice-infestation/>