FLEMINGTON-RARITAN SCHOOLS PEDICULOSIS GUIDELINES

Best Practice Guidelines

1. **Best Practice Guidelines are evidence based guidelines.** The nursing profession is moving toward evidence-based practice in all specialties. Head lice screening programs have not been proven to have a significant effect on the incidence of head lice in the school setting over time and are not cost-effective (Frankowski and Weiner, 2002). Head lice rarely cause any direct harm, and they are not known to transmit infectious agents. They should not be considered as a medical or public health problem. An evidence-based lice policy will promote a healthy school environment that gives every student the best chance for academic success (Sciscione and Krassue-Parello, 2007).

2. **Management of Pediculosis (Head Lice) in the School Setting by the School Nurse**
   
   **A. Education**
   
   1. At the beginning of each school year, parents and staff will be provided with information on head lice. See form #1 “Pediculosis (Head Lice) Information for Parents/Guardians” and form #2 “Pediculosis Information For Staff”.
   
   2. The school nurse will provide instructions for students or staff found to have head lice. See form #3 “Pediculosis Treatment Information for Parents/Guardians” and form #4 “Managing Presumed head Louse infestations at home”.

   **B. Screening**
   
   1. Confidentiality- Confidentiality should be a primary consideration for individuals found to have head lice.
   
   2. Screening Guidelines- In accordance with guidance from the Centers for Disease Control, the American Academy of Pediatrics, the Harvard School of Public Health¹ and the National Association of School Nurses regarding head lice, the following guidelines will direct screening by the school nurse:

      - Students who are symptomatic (scratching persistently) will be referred to the school nurse
      
      - The school nurse will evaluate the case and take appropriate action, maintaining the confidentiality of the child
-If the school nurse is not present, the student will remain in class and the school nurse will evaluate the student at the first available opportunity.

-In a situation of difficult individual cases, the school nurse will develop a plan with the family and other staff members as appropriate with a goal of limiting the loss of class time.

3. Class screenings- In general, class or mass screenings will not be performed. Research has shown that classroom and total school checks are not an effective use of time or useful in controlling head lice infestations. There may be times when the school nurse decides a classroom check and/or check of additional students is appropriate, but this will not be routine.

4. Head to head contact- Staff should discourage students from head to head contact at any time during the school day. Staff should not have head to head contact with students.

5. Classroom Outbreaks- In the case of several students with head lice infestations in one classroom, the school nurse will develop a plan with the teacher to address the situation.

6. Chronic Cases- In the event a student is infested 3 or more times, the school nurse will work with the family and their health care provider to develop a plan to clear the student of head lice, with a goal of minimizing loss of class time.

C. Referral-

1. The school nurse will follow the chart “Managing presumed head louse infestations in schools”. See form # 5.

2. Students found to have head lice and/or nits- Information on the treatment of head lice will be provided to parents/guardians. See form #3 “Pediculosis Treatment Information for Parents/Guardians” and form #4- “Managing presumed head louse infestations at home”.

3. Students who return to school after discovery of live lice will be checked by the school nurse on the day of return and periodically as needed.

D. Exclusion- It is the position of the National Association of School Nurses (2007) that the diagnosis of pediculosis should not disrupt the education process. The
discovery of lice or their eggs on the hair should not cause the child to be sent home or isolated. (Pollack, 2000). Parents/guardians of students found to have head lice will be notified by the school nurse and have the option of picking up the students at the next natural break (i.e. lunch or the end of the day) or treating the students as they arrive home.

E. **Preventative Measures**- It is probably impossible to totally prevent head lice infestations (Frankowski and Weiner, 2002). Although lice have existed for over 2000 years, they continue to be common amongst children worldwide and elude eradication (DOE). Head lice and their eggs soon perish if separated from their human host. Removed lice survive just a day or so, and the eggs generally lose viability within a week. The chances of a live head louse or egg becoming reunited with a person would seem remote exceptionally. Accordingly, Herculean steps to clean lice from the house or car by intensive washing or vacuuming will result in a cleaner space, but are unlikely to significantly facilitate the goal of eliminating the lice from those residing in the home. (Pollack 2007).

The following measures can help prevent the spread of head lice:
- Children should be encouraged not to share personal items, such as hats, brushes and combs.
- Children should avoid head-to-head contact at school and on the playground, and avoid sleepovers and slumber parties during lice outbreaks. It is not reasonable to expect that children’s heads will never touch, but we can try to minimize this type of contact.

The following measures may help avoid reinfestation of head lice:
- Personal items used within the past day, including all recently worn clothing, hats, used bedding, stuffed animals and towels, by anyone having lice or thought to be exposed to lice should be treated in one of the following methods:
  - washed in hot water
  - dry cleaned
  - put in the dryer for 20 minutes
  - stored in a plastic bag for one week
  - boiled
  - freezing for 48 hours
- Floors and furniture, particularly where the infested person sat or lay, should be vacuumed.

*Insecticide sprays are NOT recommended.*
Richard J. Pollack PhD is an internationally respected public health entomologist who has served for more than two decades as a research associate and instructor at the Harvard School of Public Health (HSPH) Laboratory of Public Health Entomology. He is frequently consulted by health and education agencies and organizations regarding his research and insights on diverse insect and tick pests, including head lice. A recent reorganization at the HSPH resulted in closure of the Laboratory of Public Health Entomology. Although Dr. Pollack retains an appointment at Harvard, he has transferred his informational, identification and guidance resources to a new entity. The HSPH website redirects viewers to his new resource, http://identify.us.com.

**Forms**
1. Pediculosis (Head Lice) Information for Parents/Guardians
2. Pediculosis (Head Lice) Information for Staff
3. Pediculosis Treatment Information for Parents/Guardians
4. Managing presumed head louse infestations at home (IdentifyUs LLC 2010)
5. Managing presumed head louse infestations in schools (IdentifyUS LLC 2010)

**RESOURCES-REFERENCES**
http://pediatrics.aappublications.org/cgi/reprint/126/2/392?maxtoshow=&hit=10&RESULTFORMAT=&fulltext=headlice&searchid=1&FIRSTINDEX=0&sortspec=relevance&resourcetype=HWCIT


CDC (2004). Parasites and Health

CDC (2008) Lice: Head Lice: Schools

Center for Disease Control [http://www.cdc.gov/lice/head/schools.html](http://www.cdc.gov/lice/head/schools.html)

http://www.cdc.gov/lice/head/prevent.html


Harvard School of Public Health (Pollack, R.J.)  [www.hsph.harvard.edu/headlice.html](http://www.hsph.harvard.edu/headlice.html)

IdentifyUs LLC 2010

NASN Position Statement- Pediculosis

NASN (2010). Scratch (School and Community Resources to Avoid and Take Control of Head Lice).