

COUNCIL ROCK SCHOOL DISTRICT
HEALTH SERVICES MANUAL
HEAD LICE PROTOCOL

Introduction

It is the position of the National Association of School Nurses that the management of pediculosis (infestation by head lice) should not disrupt the educational process. No disease is associated with head lice, and in school transmission is considered to be rare. When transmission occurs, it is generally found among younger aged children with increased head to head contact (Frankowski & Bocchini, 2010)

Head lice screening programs have not had significant effect on the incidence of head lice in the school setting over time and have not proven to be cost effective (Frankowski & Bocchini, 2010). Research data does not support immediate exclusion upon the identification of the presence of live lice or nits as an effective means of controlling pediculosis transmission. By the time a child with an active head lice infestation has been identified, he or she may have had the infestation for one month or more and, therefore, poses little additional risk of transmission to others (Frankowski & Bocchini, 2010). The school nurse is in a position to take the lead in eliminating school exclusion policies and, instead, incorporate evidence- based practices that reduce the stigma associated with head lice, and work to increase classroom time with an emphasis on keeping students in school. (Gordon, 2007).

Procedure

Whenever head lice are detected, the following procedures are to be followed:

1. Maintain confidentiality for student protection according to the American Academy of Pediatrics (AAP), “ Head Lice, Control Measures in School”
2. Notify parent/guardian the child has evidence of head lice. The child’s parent/guardian will be advised in writing that prompt, proper treatment of this condition is recommended.
3. Instructions for treatment will be provided to the parent/guardian. Educational materials: “Facts You Should Know About Head Lice” and the following recommended interventions:
 - a. Students with viable nits should be treated.
 - b. Family members who share a bed should be checked.
 - c. Hair care items and bedding used by individual with infestation should be cleaned.
 - d. Clean additional items i.e. clothing worn in last 48 hours like head gear, furniture, carpeting, rugs, fabric covered car seats, should be vacuumed.
 - e. It is recommended that all household members be checked.
4. Individuals with close contact may be notified by the parent that they may have been exposed to head lice, i.e family members and small groups with close contact in community activities.
5. At the discretion of the school nurse if active cases continue in the classroom or school, more extensive measures may occur.

6. Further information regarding head lice may be found on the district health services website and the school nurses web page.

Attachments : “Facts You Should Know About Head Lice “ and “ What are Head Lice Brochure.”

Supporting Data:

Retrieved from:

<http://pediatrics.aappublications.org/content/126/2/392.full.pdf+html?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=Head+Lice&searchid=1&FIRSTINDEX=0&volume=126&issue=2&resourcetype=HWCIT>

Clinical Report from AAP, "Clinical Report- Head Lice" July 26, 2010, pp 391- 403.

1. "Screening for nits alone is not an accurate way of predicting which children are or will become infested, and screening for live lice has not been proven to have a significant effect on the incidence of head lice in a school community over time." P398
2. "Because a child with an active head lice infestation likely has had the infestation for 1 month or more by the time it is discovered and poses little risk to others from the infestation, he or she should remain in class but be discouraged from close direct head contact with others." P399
3. "A child should not be restricted from school attendance because of lice, because head lice have low contagion within classrooms." P399
4. "The American Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN) 95 discourage no-nit policies." P399

ARTICLE SUMMARY OF KEY POINTS

1. No healthy child should be excluded from or allowed to miss school time because of head lice. No-nit policies for return to school should be abandoned.
2. Pediatricians should be knowledgeable about head lice infestations and treatments; they should take an active role as information resources for families, schools, and other community agencies.
3. Unless resistance to these products has been proven in the community, 1% permethrin or pyrethrins can be used for treatment of active infestations.
4. Instructions on the proper use of products should be carefully communicated. Because current products are not completely ovicidal, applying the product at least twice, at proper intervals, is recommended if permethrin or pyrethrin products are used or if live lice are seen after malathion therapy. Manual removal of nits immediately after treatment with a pediculicide is not necessary to prevent spread. In the school setting, nit removal may be considered to decrease diagnostic confusion.
5. If resistance to available OTC products has been proven in the community, if the patient is too young, or if parents do not wish to use a pediculicide, consider recommending "wet-combing" or an occlusive method (such as petroleum jelly or Cetaphil), with emphasis on careful technique, and repeating for at least 2 weekly cycles.
6. Benzyl alcohol 5% can be used for children older than 6 months, or malathion 0.5% can be used for children 2 years old or older, in areas where resistance to permethrin or pyrethrins has been demonstrated or for a patient with a documented infestation that has failed to respond to appropriately administered therapy with permethrin or pyrethrins.
7. New products should be evaluated for safety and effectiveness.
8. School personnel involved in detection of head lice infestation should be appropriately trained. The importance and difficulty of correctly diagnosing an active head lice infestation should be emphasized. Schools should examine any lice-related policies they have with this in mind.
9. Head lice screening programs have not been proven to have a significant effect over time on the incidence of head lice in the school setting and are not cost effective. Parent education programs may be helpful in the management of head lice in the school setting.

LEAD AUTHORS Barbara L. Frankowski, MD, MPH Joseph A. Bocchini, MD

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