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Pediculosis (Head Lice)


- **Are no-nit policies or mass screenings recommended for schools?**
- **Is Pediculosis reportable?**
- **Should the student be excluded from school with live head lice or nits?**
- **What are some helpful resources?**
- **What can be done to help student(s) with reoccurring head lice?**

Is Pediculosis reportable?

No, pediculosis is not reportable by New Hampshire law.

Should the student be excluded from school with live head lice or nits?

No. Guidelines: Evidence-based practices should be used in recommending treatment of this condition. Verbal and written instructions for treatment options should be given to the family of the student by the school nurse. The student should be allowed to remain in the classroom that day if comfortable and return to school the following day. School staff need to ensure student confidentiality is maintained and should not segregate or in any way embarrass the child. There is no research data that demonstrates that enforced exclusion policies are effective in reducing the transmission of lice.

Rationale: The management of pediculosis should proceed so as to not disrupt the education process. If a staff member suspects a student has head lice, they will discretely report this to the school nurse or principal. Following an assessment by the school nurse during a non-academic time period, if further action is necessary, the nurse will contact the child's parent or guardian either by telephone or by a note sent home with the child at the end of the school day. The New Hampshire Department of Health and Human Services (NH DHHS) [Pediculosis Fact Sheet](#)  is an appropriate handout to give parents.

Are no-nit policies or mass screenings recommended for schools?

No. Guidelines: There is consensus that no-nit policies are inappropriate in a school setting, according to the American Academy of Pediatrics, National Association of School Nurses, the CDC, and the NH Department of Health and Human Services. School-wide screenings and "no-nit" policies are strongly discouraged. Mass 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. Manual removal of nits after treatment with a pediculicide is not necessary to prevent spread. (*American Academy of Pediatrics Policy Statement on Pediculosis 2002, updated in 2009*). Education of parents in identifying and managing head lice is the most helpful. We urge school districts to ensure that children do not miss class unnecessarily or encounter embarrassment and isolation, especially if they suffer from repeated head lice infestations. Parents should be encouraged to check their children's heads for lice if the child is symptomatic and when close contacts have head lice.

Rationale: "No nit" policies contribute to the stigma created around lice. This over-emphasis on case-finding can lead to unproductive use of time by school staff and parents, missed classes, unnecessary absences, and parents missing work. Past screening and exclusion practices in schools have contributed to myths and stigma about lice, which are not supported by the current research, and have resulted in discrimination and unnecessary lost time from school. The importance of cooperation and open communication between families and schools is the most effective method of control!



Head Lice

A Real Head Scratcher for Parents

Each year approximately 6 to 12 million children between the ages of 3 and 12 years of age are infested with head lice^{1,5}. While the odds of your son or daughter developing head lice are relatively small, following is useful information on how to spot and treat this condition.

What are head lice?

Head lice are parasites that survive by injecting small amounts of saliva and removing small amounts of blood from the scalp every few hours¹. Generally found on the scalp, around the ears and at the back of the neck, the adult louse is about the size of a sesame seed and can be a reddish brown color². Eggs, or nits, are smaller and are silver in color³.

What are the symptoms of head lice?

The most common symptom of head lice is head scratching caused by sensitivity to the louse's saliva¹, although you may also notice red bite marks on your child's head².

How common are head lice?

About one in every 100 U.S elementary school children will be infested with head lice in any given year⁴. Infestation can occur throughout the year, although a peak is generally experienced during summer and back-to-school time periods³.

How do you contract head lice?

Lice are "equal opportunity" parasites. They infest all socioeconomic groups, races, genders and ages, but are more commonly found in children due to their close contact with each other¹. While lice are not considered an infectious disease, transmission from one child to another can occur during direct contact or through the sharing of personal items such as hats, helmets, brushes or combs¹. It is important for you to know that lice are not a sign of poor hygiene and they do not transmit disease. If your child contracts head lice, there is no cause for embarrassment or undue anxiety. By the same token, if someone in your child's class at school develops head lice, there is no reason to panic and automatically assume that your child will "catch" head lice.

How do I know if my child has head lice?

Diagnosis of head lice is usually made on the basis of symptoms and confirmed through the identification of a live louse on the head. If your child is scratching his or her head, and you see red bite marks and lice or nits on their scalp, he or she should be examined by a medical professional (such as a school nurse)⁴.

How do I prevent head lice?

While preventing head lice entirely can be difficult, parents should discourage their children from sharing

personal items such as hats, helmets, brushes or combs to decrease the likelihood of transmission from one child to another. Children should also avoid head-to-head contact at school and on the playground, and avoid sleepovers and slumber parties during lice outbreaks. Parents can also wash in hot water or dry-clean all recently worn clothing, hats, used bedding, and towels used by anyone having lice or thought to be exposed to lice. Personal care items such as combs, brushes and hair clips should also be washed in hot water.

How can I treat head lice?

Traditional treatments for head lice include nit picking with a fine-tooth comb, over-the-counter and prescription products, and home therapies. Nit picking takes time and patience, while many products contain a pesticide that can be neurotoxic when used inappropriately. These products are safe and effective but like all medical treatments, they must be used as directed and with caution by parents. Also, studies have shown that head lice are learning to outsmart many neurotoxic pesticides and are developing resistance to these products, in much the same way that some bacteria have developed resistance to antibiotics^{2,3}. The US Food and Drug Administration (FDA) recently approved the first and only prescription medication that kills head lice by asphyxiation without potential neurotoxic side effects.

If a child is suspected of having head lice, he or she should be examined by a medical professional (such as a school nurse)⁵.

- 1 Frankowski, B.L., Weiner, L.B, the Committee on School Health, the Committee on Infectious Disease (September 2002). American Academy of Pediatrics Clinical Report: Guidance for the Clinician in Rendering Pediatric Care: Head Lice. *Pediatrics*, 110 (3).
- 2 Head Lice Control. Beyond Pesticides/NCAMP fact sheet.
- 3 Hansen, R.C (September 2004). Overview: The State of Head Lice Management and Control. *Am J Manag Care*, 10, S250-S263.
- 4 Pollack, R.J. The Role of the School in Battling Head Lice. *Our Children Magazine*
- 5 Williams, L., Reichert, A., MacKenzie, W., Hightower, A., & Blake, P. (2001). Lice, nits, and school policy. *Pediatrics*. 107(5). 1011-1015.

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School and Community Resources to Avoid and Take Control of Head Lice

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Pediculosis Management in the School Setting

Position Statement



*National
Association of
School Nurses*

SUMMARY

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-age children with increased head-to-head contact (Frankowski & Bocchini, 2010).

Children found with live head lice should remain in class, but be discouraged from close direct head contact with others. The school nurse should contact the parents to discuss treating the child at the conclusion of the school day (Frankowski & Bocchini, 2010). Students with nits only should not be excluded from school (American School Health Association, 2005, Frankowski & Bocchini, 2010, Pollack, Kiszewski & Spielman, 2000), although further monitoring for signs of re-infestation is appropriate. It may be appropriate to screen other children who have had close head-to-head contact with a student with an active infestation, such as household family members, but classroom-wide or school-wide screening is not merited (Andresen & McCarthy, 2009). In cases that involve head lice, as in all school health issues, it is vital that the school nurse prevent stigmatizing and maintain the student's privacy as well as the family's right to confidentiality (Gordon, 2007).

The school nurse, as a student advocate and nursing expert, should be included in school district-community planning, implementation, and evaluation of vector control programs for the school setting. School nurses are also in a pivotal position to dispel myths and stigmas regarding pediculosis by providing education on the life cycle of the louse, methods of transmission, treatment options and care of the environment to the student's family, school and community at large.

HISTORY

Head lice (pediculosis capitus) are small parasitic insects that live on the scalp and neck hairs of their human hosts. The presence of lice is most often detected through the presence of adult lice or nits (eggs) attached to the hair shaft of the host, most often at the nape of the neck and behind the ears. Complications of infestations are rare and involve secondary bacterial skin infection (Lebwohl, Clark & Levitt, 2007). Pruritis (itching) is the most common symptom of a lice infestation, along with the following additional symptoms:

- a tickling feeling or a sensation of something moving in the hair;
- irritability and sleeplessness; and
- sores on the head caused by scratching. Sores caused by scratching can sometimes become infected with bacteria normally found on a person's skin (CDC, 2010).

DESCRIPTION OF ISSUE

Some people consider pediculosis to be a public health issue that is brought into the school setting. Families and school staff expend innumerable hours and resources attempting to eradicate lice infestations, both live lice and their nits. The Centers for Disease Control and Prevention (CDC) (2010) reports an estimated 6 million to 12 million infestations (some experts believe that the true prevalence is considerably lower) (Pollock, 2010) occur each year in the United States among children 3 to 11 years of age. It is thought that head lice infestations are often misdiagnosed when medical and lay individuals identify the presence of lice based on the presence of eggs

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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).

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Head Lice Information for Schools

Students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun. Nits may persist after treatment, but successful treatment should kill crawling lice.

Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

Both the American Association of Pediatrics and the National Association of School Nurses advocate that "no-nit" policies should be discontinued. "No-nit" policies that require a child to be free of nits before they can return to schools should be discontinued for the following reasons:

- Many nits are more than ¼ inch from the scalp. Such nits are usually not viable and very unlikely to hatch to become crawling lice, or may in fact be empty shells, also known as casings.
- Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.
- The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice.
- Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel.

More on: [Head Lice Treatment \(/parasites/lice/head/treatment.html\)](/parasites/lice/head/treatment.html)

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