Brian Ernest

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Pediculosis Management in the School Setting (Revised 2011)

Previously "Nit Free... "

Pediculosis Management in the School S

Position Statement

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SUMMARY

It is the position of the National Association of School Nurses that the managemen head lice) should not disrupt the educational process. No disease is associated wit transmission is considered to be rare. When transmission occurs, it is generally fo with increased head-to-head contact (Frankowski & Bocchini, 2010).

Children found with live head lice should remain in class, but be discouraged from

others. The school nurse should contact the parents to discuss treating the child at (Frankowski & Bocchini, 2010). Students with nits only should not be excluded fro Health Association, 2005, Frankowski & Bocchini, 2010, Pollack, Kiszewski & Spie monitoring for signs of re-infestation is appropriate. It may be appropriate to screer close head-to-head contact with a student with an active infestation, such as house classroom-wide or school-wide screening is not merited (Andresen & McCarthy, 2C lice, as in all school health issues, it is vital that the school nurse prevent stigmatizi 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 planning, implementation, and evaluation of vector control programs for the school in a pivotal position to dispel myths and stigmas regarding pediculosis by providing louse, methods of transmission, treatment options and care of the environment to t community at large.

HISTORY

Head lice (pediculosis capitus) are small parasitic insects that live on the scalp and hosts. The presence of lice is most often detected through the presence of adult li hair shaft of the host, most often at the nape of the neck and behind the ears. Con and involve secondary bacterial skin infection (Lebwohl, Clark & Levitt, 2007). Prur 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 s 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 th school staff expend innumerable hours and resources attempting to eradicate lice i their nits. The Centers for Disease Control and Prevention (CDC) (2010) reports a infestations (some experts believe that the true prevalence is considerably lower) (the United States among children 3 to 11 years of age. It is thought that head lice misdiagnosed when medical and lay individuals identify the presence of lice based (Pollack, Kiszewski & Spielman, 2000). In addition, millions of dollars are spent an combs, physician visits, and parental time away from work. In an effort to find an ea treatment, a variety of alternative therapies (e.g., occlusive agents such as oil-base electric combs, herbal shampoos and enzyme solutions,) have been attempted by evidence regarding the effectiveness of these alternative treatments, and all have a Bocchini, 2010). Treatment recommendations for pediculosis should be based on public health, medical and nursing content experts rather than anecdotal reports or

Parents, school staff, and the community often become unduly anxious when a cas classroom, and this anxiety is multiplied if more than one case is identified. A nega accompanies the identification of pediculosis as well as the frustration involved wit for treatment and environmental control (Gordon, 2007). It is important, as a part o program, that the school nurse emphasizes that head lice are not associated with p

Levitt, 2007).

In 2007, international guidelines established for effective control of head lice infest: required a student to be free of nits to attend school, known as "no nit" policies, we rather than objective science and were therefore unjust and should be discontinue CDC (2010) cites the following reasons to discontinue "no nit" policies in school:

- Many nits are more than ¼ inch from the scalp. Such nits are usually not v become crawling lice, or may in fact be empty shells, also known as casin
- Nits are cemented to hair shafts and unlikely to be transferred successfully
- The burden of unnecessary absenteeism to the students, families and con associated with head lice.
- Misdiagnosis of nits is very common during nit checks conducted by nonm

RATIONALE

The school nurse is the key health professional to provide education and anticipat community regarding best practice guidance in the management of pediculosis. Th facilitate an accurate assessment of the problem, contain infestation, provide appr treatment and prevention, prevent overexposure to potentially hazardous chemical

There is discussion in the scientific community on the best way to control head lice children. No pediculicide is 100% ovicidal, and resistance has been reported with permethrin (Frankowski & Bocchini, 2010). New categories of pediculicides have r benzyl alcohol (CDC, 2010).

Head lice screening programs have not had a significant effect on the incidence of over time and have not proven to be cost effective (Frankowski & Bocchini, 2010). immediate exclusion upon the identification of the presence of live lice or nits as ar pediculosis transmission. By the time a child with an active head lice infestation ha have had the infestation for one month or more and, therefore, poses little addition (Frankowski & Boochini, 2010). The school nurse is in a position to take the lead policies and, instead, incorporate evidence-based practices that reduce the stigma work to increase classroom time with an emphasis on keeping students in school (

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