

**SWAMPSCOTT PUBLIC SCHOOLS  
HEALTH SERVICES**

**HEAD LICE PROTOCOL**

**APRIL 2013**

**SWAMPSCOTT PUBLIC SCHOOLS**  
**Health Services**

**TABLE OF CONTENTS**

**HEAD LICE PROTOCOL: EXAMINATION & EVALUATION.....3**

**SUPPORTING DOCUMENTS:**

**General and Public Health Information about Lice for Schools to use periodically**

- **Start of School Year Letter to Parents about Lice.....5**
- **Head Lice Screening Information for Parents/Guardians.....6**
- **Notes from the Nurse.....7**

**RESOURCES.....8**

## SWAMPSCOTT PUBLIC SCHOOLS

### Health Services

#### HEAD LICE (PEDICULOSIS) EXAMINATION AND EVALUATION

##### **PURPOSE**

To contain infestation of head lice among the school age population while maximizing students' academic performance and minimizing absences due to unnecessary exclusion of students using nursing/medical best practices. The American Academy of Pediatrics and the National Association of School Nurses no longer endorse a "No Nits" policy in schools. Exclusion is not an effective tool in reducing lice outbreaks (CDC, 2010; Frankowski & Bocchini, 2010; Frankowski & Weiner, 2002). 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).

##### **STANDARD**

The school nurse will examine the head of any child suspected of having a live lice infestation and notify the parent/guardian. Head lice are not a health hazard or a sign of being unclean and are not responsible for the spread of disease (Frankowski & Weiner, 2002). Positive lice are not a public health emergency. Lice cannot hop or fly; they crawl. Transmission in most cases occurs by direct contact with the head of another infested individual (Chunge, et al. 1991).

Children returning to school after treatment for head lice will be examined by the school nurse to verify absence of live lice prior to entering the classroom.

Presence of nits does not indicate active infestation and no evidence is found that the presence of nits correlates with any disease process (Scott, Gilmer, Johannessen, 2004). Other studies show that lice are not highly transferable in the school setting (Hootman, 2002) and no outbreaks of lice resulted when allowing children with nits to remain in class (Scott, Gilmer & Johannessen, 2004). Nurses will perform targeted pediculosis screenings based on the affected student's known close contacts and family members. Whole class screenings for nits alone have not been proven to be effective and will only be performed based on multiple live lice infestations found in a single class (CDC, 2010; Frankowski & Weiner, 2002).

##### **PROCEDURE**

Upon notification of suspected cases of head lice, the school nurse will examine the student.

- An infestation will be determined by looking closely through the hair and scalp for viable nits or live lice. Lice and nits (dirty-white to gray colored eggs attached to the hair shaft) are visible to the naked eye. Nits that are farther than 1/4 inch (hair growth takes time) are either empty or dead.
- The nurse will determine the severity of the infestation (live lice or just nits) and the parent/guardian will be notified via phone, email, and/or a note sent home with the student (see "Head Lice Screen Information for Parents"). Based on the infestation, the nurse will determine if the child is so uncomfortable that they should go home or if the child can remain in school. The parent/guardian will be provided with information on biology of head lice, methods to eliminate infestation, and directions to examine household contacts for lice and nits and that the student must check in first with the school nurse upon returning to school the next day.

Continued on following page:

## SWAMPSCOTT PUBLIC SCHOOLS

### Health Services

- If only nits are detected, the student will remain in his/her classroom for the remainder of the school day.
- The school nurse will perform a targeted screening of the students most likely to have had direct head to head contact with the affected student (especially recent sleepovers). Parents/guardians will be referred to their health care provider for follow up if there are positive findings, or lice are resistant to treatment. If three or four students in one class are affected, all classmates will be checked by the nurse. A class wide alert, at nurse's discretion via paper, e-mail or ConnectEd will be sent home (see "Notes from the Nurse" classroom letter).

#### UPON STUDENTS RETURN TO SCHOOL:

- Examine student's hair for presence of lice at the beginning of school. Student is required to be live lice free to return to school the next day.
- Allow student to remain in school if no presence of live lice. A student may remain in school if only nits are found.

#### ADDITIONAL INFORMATION RELATING TO HEAD LICE

- Parents/guardians will be encouraged to verify treatment as soon as possible after notification. Parents will be given instructions on how to check their child's hair daily for at least 2-3 weeks after discovery. Removing nits EVERY day for 3 weeks is the most effective treatment.
- Students will be discouraged from direct head to head contact with other students. The school nurse will provide education to staff regarding how to handle nits and/or live lice in the classroom, as needed.
- The most common means of transmission is through physical/direct (head to head) contact. Indirect transmission is uncommon, but may occur from shared combs, brushes, hats, and hair accessories that have been in contact with an infected person. Schools are not a common source of transmission. Lice prefer clean hair because it is easier to attach to the hair shaft to lay their eggs.
- **Staff will maintain the privacy of students** identified as being infected with head lice.
- The school nurse is the key health professional to provide education and anticipatory guidance to the school community regarding best practice guidance in the management of pediculosis. The school nurse's goals are to facilitate an accurate assessment of the problem, contain infestation, provide appropriate health information for treatment and prevention, prevent overexposure to potentially hazardous chemicals, and minimize school absence.

SWAMPSCOTT PUBLIC SCHOOLS

Health Services

## Back to School Info on Headlice

Dear Parent or Guardian:

As your child's school nurse, I want to welcome your child back to school for what promises to be a productive and exciting new school year. I also want to make you aware of a "pesky" situation that impacts schools around the country, often as the school year begins. **Pediculosis, or head lice**, is a condition that each year affects approximately 6 to 12 million children between the ages of 3 and 12 years of age, and about 1 in every 100 elementary school children. Head lice are parasites that are 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 may be the color of your child's hair. Eggs, or nits, are smaller and silver in color.

Head lice are not a sign of poor hygiene and they do not transmit disease. Lice do not hop, jump, or fly, and the only way they get from person-to-person is by direct contact with infested hair (most common) or by sharing personal items such as combs, brushes, or caps (less common).

The most common symptom of head lice is itching and head scratching, particularly at night. Red bite marks or sores may also be noticed on the scalp. If you suspect that your child has head lice, please contact your health care provider or school nurse. Safe and effective products to treat head lice are available both over the counter and by doctor's prescription. It is important to follow the directions carefully. In addition, use a fine-tooth comb or special metal nit comb to help remove the eggs (nits) from the hair. You can also check your child's scalp weekly when the hair is wet to see if there are any new head lice. Parents should also wash all recently worn clothing, hats, used bedding, and towels in hot water or dry-clean. Personal care items such as combs, brushes and hair clips should also be washed in hot water. Toys, such as stuffed animals, can be put into a tightly closed plastic bag for 14 days or placed in a hot dryer for 30 minutes to kill the lice.

My goal as school nurse is to provide you with the information you need to safeguard your child's health, and ensure that his or her education is not disrupted, but remains the most positive experience possible. I hope you find this information useful, and I send best wishes to your child for a rewarding school year.

For a healthy school,

**SWAMPSCOTT PUBLIC SCHOOLS**  
**Health Services**

**School Nurse**

**School**

**Phone**



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**Notes from the Nurse**

**Date** \_\_\_\_\_

There have been some recent confirmed cases of head lice in your child's classroom. At the present time, we believe the situation is under control. The school nurse encourages parents to check their child. If you look closely at the scalp and see small, pear/gray eggs firmly attached to the hair shaft, your child has nits (eggs) and may also have live crawling lice, so look carefully. Nits (eggs) are found on hairs at the crown of the head, at the nape of the neck and behind the ears, but they may be laid anywhere on the scalp. Sometimes dandruff and hair products look similar so if you are not sure, ask the nurse.

Lice do not cause disease or infection, but they are a nuisance! Lice do not hop, jump or fly; they are transmitted directly from person-to-person (most commonly), or indirectly through personal objects such as hairbrushes, hats, scarves, clothing, sheets, and pillowcases. Away from people, head lice can live for only a short time; they must have a human head in order to survive and hatch eggs.

Lice and their nits can become resistant to available lice treatments if they are not used exactly according to the product label. Never divide a bottle of lice shampoo between family members and always do the second shampooing (usually 7-10 days later) as directed. Re-infection may occur if even one viable nit remains on the hair shaft. After treatment, nits are removed by scraping them off the entire length of the hair. Special fine-tooth combs are available, and it is common to "nit pick" through the hair after treatment to remove the nits. **Children with head lice may return to school once they have been treated and are live lice free, but need to stop by the nurse's office for a head check.**

**10 Steps to Staying Ahead of Lice**

1. Watch for signs of head lice, such as frequent head scratching.
2. Check all family members for lice and nits (lice eggs) at least once a week. It helps to use natural light and a magnifying glass.
3. If you find lice, consult with your physician for a recommendation of a lice product found at your drug store or the pharmacy section of your food store. Treat only family members with nits/lice.
4. Consult with your doctor first if you are pregnant, nursing or allergic to weeds, plants, etc. Never use a lice product on a baby or children under 2 years of age.
5. Follow package directions carefully. Use the product over the sink (not in the tub or shower). Keep the eyes covered with a washcloth.
6. After using treatment, removal of nits (they stick to hair even after treatment) is the most important step. Use metal nit comb to pry nits off hair shaft. This is essential! Apply hair conditioner to wet hair for easy comb-out.
7. Wash sheets and recently worn clothing in hot water and in a hot dryer. Combs and brushes may be soaked in hot (not boiling) water for 10 minutes.
8. Vacuuming is the safest and best way to control lice on mattresses, rugs, furniture and stuffed animals. Chemical sprays are not necessary.
9. **Continue to comb hair out** to check for remaining nits for 2-3 weeks to make sure head lice are gone. This is tedious work, but it is the best way to control lice. **Tip: It is easier to comb and check hair when it is wet with some conditioner left in.**
10. When you find a case of lice, tell others. Kindly call your child's school or daycare. Notify neighborhood parents and parents of children your child has recently been in contact with (especially sleepovers). We know that even the best of families can catch lice, and most of us who are parents have been through it at least once ourselves.

If you have any further concerns, please feel free to contact me. Thank you.

**Nurse** \_\_\_\_\_ **School** \_\_\_\_\_ **Phone** \_\_\_\_\_

# SWAMPSCOTT PUBLIC SCHOOLS

## Health Services

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