

COMMUNICABLE DISEASES (Head Lice Policy)

Pediculosis, or head lice, is classified as a nuisance condition and is not known to transmit infectious disease from person to person. The primary goal of identification and notification of a lice infestation in the school setting is to ensure that the child receives safe and effective treatment. Parents and/or guardians have the responsibility to treat this infestation. Current research does not support the conclusion that enforced exclusion policies result in reducing the transmission of head lice. In fact, the American Academy of Pediatrics and the National Association of School Nurses advise that schools abolish “No Nit” policies.

One of the goals of the District is to increase academic achievement. Consistent attendance is critical to the accomplishment of this goal. The District emphasizes prevention and education as a primary measure to control head lice in the school setting. The school nurse assumes the major teaching role in educating parents, teachers and students about the transmission and treatment of head lice.

Head Lice Control Practice

“Active infestation” is defined as the presence of live lice or no progress in nit removal. Any student found to have active infestation may remain in the classroom until the end of the day. Parents of identified students are notified by telephone and/or letter.

Instructions regarding safe treatment of pediculosis may be given to the parent or guardian. Safe, effective treatment options are considered to be prescription or over-the-counter lice removal preparations and/or manual removal of all bugs and eggs. Effective treatment can be accomplished overnight, allowing readmission the following day.

It is the parent/guardian’s responsibility to treat the student at home.

Students will be readmitted to school when no active infestation is present. The student will be examined by a school staff member trained in the procedure, and should be examined again 7 to 10 days later.

If a student is found to still have an active infestation, the parent/guardian will take the student home for further treatment.

Guidelines for Attendance After Pediculosis Identification

If a parent/guardian is not compliant with treatment options resulting in the student missing more than two days of school, the following measures may be implemented:

1. review of attendance and truancy guidelines;
2. conference at school or home with the school nurse, principal and/or counselor with a plan developed for treatment and return or
3. referral to an outside agency for assistance.

National Recommendations for School Policy

The American Academy of Pediatrics recommends that no healthy child be excluded from or allowed to miss school because of head lice, and that “no nit” policies for returning to school are to be discouraged.

The National Association of School Nurses states that nit-free policies disrupt the educational process and should not be viewed as an essential strategy in the management of head lice. Children with nits do not pose an immediate threat to the health of others; therefore, excluding these children from school and requiring them to be treated with a pesticidal product is probably excessive.

The following are guidelines for management of pediculosis in the District:

1. Mass screening for identification of pediculosis will not be performed in school. If a classroom has more than two students identified with active infestations, the students of that class may be screened. All efforts are made to preserve the privacy of each student, such as taking students to a location where not visible to others.
2. In order to ensure the privacy of identified students, general letters are not given to other parents, informing them of positive cases in the school. However, educational information may be widely distributed to all students at the discretion of the school nurse. This is recommended at least at the start of each school year.
3. Routine screening of children’s heads by the parents is strongly encouraged for early identification of pediculosis infestation or other scalp/skin conditions.

Definition

Pediculosis capitis refers to a condition caused by lice infesting the head hair of a human. Head lice are not known to transmit infectious agents, nor do they discriminate among socioeconomic groups. They are more commonly found on children of preschool and early elementary school age. Girls are infested more often than boys, and parents and siblings sometimes acquire head lice. Lice and their eggs (called nits) are usually limited to the head hair.

Signs and Symptoms:

Students with head lice are usually asymptomatic, but some may experience itching from an allergic reaction to the bites or irritation from sores caused by bites.

Transmission

Head lice can be transmitted from hats, combs, pillows, etc., but it is most likely and more common to result from head to head contact with an infected person.

Treatment:

Treatment is recommended only for individuals found with live lice or viable eggs. If nits are found further than about ¼ inch from the head, they are probably hatched and no longer viable. Removal of these old nits assures that identification of active infestation is accurate.

1. Combing with a nit comb can be effective in removing the nits and lice. Combs with long metal teeth have been found to be most effective and less damaging to the hair. Using the nit comb on hair saturated with shampoo or conditioner can ease the difficult combing action. Comb daily until no live lice are discovered for two weeks. Recheck in 2 to 3 weeks after you think all lice are gone.
2. Over-the-Counter Lice Shampoos – As with all drugs, directions must be followed exactly. These products should be rinsed from the hair over a sink rather than shower or bath to limit exposure to the body. A second treatment may be required in about 10 days.
3. Prescription Lice Shampoo Medications – These products contain other insecticides that require greater care for treatments, and should be used only under a physician’s care, and only if live lice persist following treatment with the over-the-counter products. Parents should be advised to discuss with their health care provider specific instructions for use of these products, potential risks and benefits, and other possible treatment recommendations.
4. “Alternative Treatments” – Petroleum jelly, mayonnaise, margarine, herbal oils, gasoline, kerosene, olive oil, etc. should be avoided, as there is not conclusive evidence that these treatments are effective (or necessarily safe).
5. Family members of a student with head lice should be inspected for signs of lice. All individuals found with lice should be treated simultaneously. Pets do not carry head lice and should never be treated with human lice treatments.
6. Bedding, towels, nightclothes and other clothing that were in contact with the head within a day of treatment should be washed and/or dried in the dryer at high heat (if appropriate). Combs, brushes and hair accessories used by the person should be rinsed in hot water each day until lice are eliminated.
7. Vacuuming floors, especially carpets recently occupied by infested persons, is recommended although lice will soon die (generally within a day) once off the head. Nits attached to hair that has fallen from an infested person will also stop developing and will also die within a few days. Although it is not necessary to thoroughly clean the house or car, vacuuming floors and upholstered furniture of homes occupied by infested persons will help dispel concerns about lice or eggs that may have dropped from the infested person.

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