

***Based on the evidence-based guidance of the Center for Disease Control, American Academy of Pediatrics and the National Association of School Nurses the Board of Education has developed the following Position Statement for treatment of Pediculosis (Head Lice) in the school:***

It is the position of the St. Clair County Schools 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).

Children found with nits 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 (Falowski & 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 monitor 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 (Andersen & 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's community planning, implementation, and evaluation of vector control programs for the school setting. School nurses are also in 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 (*Pediculus capitis*) 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 infections (Lebwohl, Clark & Levit, 2007). Pruritus (itching) is the most common symptom of 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 normal 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 nits. The Centers for Disease control and Prevention (CDC 2010 Reports and estimated 6-12 million infestations (some experts believe that the true prevalence is considerably lower) occur each year in the United States among children 3-11 years of age. It is thought

that head lice infestations are often misdiagnosed when medical and lay individual identify the presence lice based on the presence of eggs (Pollack, Kiszewski & Spielman, 2000). In addition, millions of dollars are spent annually on pediculicides, lice combs, physician visits, and parental time away from work. In an effort to find to find an easy, effective and safe treatment, a variety of alternative therapies (e.g., occlusive agents such as oil-based and grease-based products, electric combs, herbal shampoos and enzyme solutions,) have been attempted by parents. There is little scientific evidence regarding the effectiveness of these alternative treatments, and all have an associated cost (Frankowski, Bocchini, 2010). Treatment recommendations for Pediculosis should be based on evidence based literature from public health, medical and nursing content experts rather than anecdotal reports or commercial advertisements.

Parents, school staff, and the community often become unduly anxious when a case of head lice occurs within a classroom, and this anxiety is multiplied if more than one case is identified. A negative social stigma frequently accompanies the identification of Pediculosis as well as the frustration involved with the cost, time and effort needed for treatment and environmental control (Gordon, 2007). It is important as part of a comprehensive educational program, that the school nurse emphasizes that head lice are not associated with poor hygiene (Leboski, Clark, & Levitt, 2007)

In 2007, international guidelines established for effective control of head lice infestations reinforced that policies that required a student to be free of nits to attend school, known as “no nit” were based on misinformation rather than objective science and were therefore unjust and should be discontinued (Mumcuoglu et al., 2007). The CDC (2010) cites the following reasons to discontinue “no nit” policies in schools:

- Many nits are more than ¼ inch from the scalp. Such nits are usually not viable and 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 unlikely to be transferred 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 non-medical personnel.

#### **RATIONALE**

The school nurse is the key health professional to provide education and anticipatory guidance to the school nurse 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.

There is discussion in the scientific community on the best way to control head lice infestation in school children. No pediculicides is 100% ovicidal, and resistance has been reported in with Lindane, Pyrethrum, and Permethrin (Frankowski & Bocchini, 2010). New categories of pedulicides have recently been developed, including benzyl alcohol (CDC, 2010.)

Head lice screening programs have **not** had a 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 nits, as an effective means of controlling Pediculosis transmission. By the time the child with active head lice infestation has been identified, he or she may have had the infestation for one month or more and, poses little addition 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 the stigmas associated with head lice and work to increase classroom time with an emphasis on keeping students in school (Gordon, 2007).

## REFERENCES/RESOURCES

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