

Pediculosis Procedures

The Pediculosis procedures for Frontier Regional and Union 38 School districts are intended to outline the roles, responsibilities and expectations of the school community in responding to instances of head lice. The School Nurse, as student advocate and health expert, will provide education and guidance to the school community regarding "best practices" of head lice management. Conway Grammar, Frontier Regional School and Deerfield, Sunderland and Whately Elementary Schools in agreement with the Harvard School of Public Health, the American Academy of Pediatrics, the National Association of School Nurses, and the Centers for Disease Control recognize that no disease process is associated with head lice, and under the best practice, screening in schools and exclusion does little to reduce the incidence of head lice. "No healthy child should be excluded from school or allowed to miss school time because of head lice or nits (AAP 2015)"

While parents have the primary responsibility for the detection and treatment of head lice, the school community will work with families in a cooperative and collaborative manner so they can manage head lice effectively. Routine screenings of children's heads by the *parent/guardian* will be strongly encouraged for early identification of pediculosis infestation. Head lice can be a nuisance but they have not been shown to spread disease.

Head Lice Control Practices

FRSU38 Schools Nurses will assess students or staff suspected of having head lice. Identification of an active case will be kept confidential. School nurses will work with staff or families of students who have been identified as having head lice to review treatment options and preventative measures.

- For students, a parent will be notified by phone of the presence of live lice or nits within ¼ inch of the scalp. Students will not be excluded. Parents will be asked to ensure prompt treatment.
- Staff or parents will be provided with a copy of the *Massachusetts Public Health Fact Sheet: Head Lice (Pediculosis)* and educational materials from the NASN *Lice Lessons* tools for school nurses including the parent fact sheet.
- Educational materials on head lice and evidence based management practices will be made available on all school websites.

- Staff or parents will be reminded of the proper use of products and the importance of ongoing surveillance in the home over the next 10-14 days.
- The parent and School Nurse will arrange for a recheck of any individuals found to have live lice or nits with ¼ inch of the scalp. Additional education and instruction will be provided as needed if the problem persists, and may include referral to the PCP.
- The School Nurse will identify close contacts. Close contacts may include members of the same household, peers that may have had direct head-to-head contact, or shared personal items (such as hair tools) with the past 48 hours. For young children (PK and K classrooms), close contacts may include children who sit and play together often.
- Screening of close contacts will be at the discretion of the school nurse and building administrator.
- Exclusion of persons with active head lice or general notification of instances of lice will not be standard practice.

Talking Points for Pediculosis

- Exclusion of persons with active head lice or general notification of instances of lice are NOT considered best practices, therefore students will NOT be excluded from school because of head lice (live lice or nits).
- Head lice in the United States are not a public health problem. The head louse does not spread disease or cause medical harm. They are annoying, uncomfortable, and inconvenient.
- Head lice are species specific. Head lice live mainly on the scalp and are commonly found at the base of the neck or behind the ears. Head lice can crawl. They can not jump, hop, fly, or burrow under the skin. They must feed several times daily to survive. Lice do not generally survive more than 24 hours off of a human host.
- Eggs (nits) are laid by adult lice on the hair shaft in close proximity to the scalp. Eggs are incubated by body heat near the scalp. Nits farther than $\frac{1}{4}$ - $\frac{1}{2}$ inch from the scalp are not viable or are empty casings posing no additional concern.
- Head lice can be asymptomatic for up to 4-6 weeks. Pruritus or itching occurs when an individual becomes sensitized to components of louse saliva.
- Students or staff found to have head lice or nits close to the scalp do not need to be dismissed early. Treatment can be accomplished at home at the end of the day. Nits may remain following treatment, but any live lice should be eliminated.

References:

Centers for Disease Control and Prevention. (2015). Head Lice Information for Schools. Retrieved from: <https://www.cdc.gov/parasites/lice/head/schools.html>

Devore CD, Schutze GE; AAP, Council on School Health, Committee on Infectious Diseases. Head Lice. *Pediatrics*. 2015;135(5):e1355–e1365

Ludlow Public Schools. Pediculosis Procedural Guideline. 2017. Provided by Kristen Bunten. Massachusetts Department of Public Health. (2014). Massachusetts Public Health Fact Sheet Head Lice (Pediculosis). Retrieved from: <http://www.mass.gov/eohhs/docs/dph/cdc/factsheets/g-i/head-lice.pdf>

<https://www.nasn.org/nasn/programs/educational-initiatives/lice-lessons?CLK=2ce4c46e-1ecb-4e25-89c4-616c0aad446>