

Lice in the School Setting

The following policy and protocol sample was developed in response to frequent questions about lice in the school setting. It is meant to be a starting point for school districts to review their current lice policies and to start conversations in their communities.

As School Nurses, the most current and scientific information must be considered, coupled with community input. Since School Nurses are an important team member for the health and safety of students, it is advised that the School Nurse keep current on the latest research and that the School Nurse be a leader in keeping kids in school where they can learn and excel.

We encourage you to meet as a team within your district to review the sample policy and protocol, identify what components of the policy and protocol you are currently using in your district and expand upon what you are currently doing, to improve student outcomes.

Lice in the School Setting

Definitions:

Lice: Tiny grey to brown insects about the size of a sesame seed that live in human hair and feed on human blood to survive. Lice do not fly or jump, but crawl. Without a human host they can only live for about one or two days ¹.

Nits: Tiny white oval-shaped louse eggs about the size of a knot in a thread attached to strands of hair.

Professional Nurse: is a nurse who has a certificate of registration under s. 441.06 or who is licensed as a registered nurse in a party state, as defined in s. 441.50 (2) (j) who performs for compensation of any act in the observation or care of the ill, injured, or infirm, or for the maintenance of health or prevention of illness of others, that requires substantial nursing skill, knowledge, or training, or application of nursing principles based on biological, physical, and social sciences, herein referred to as the School Nurse.

Medical Advisor: physician licensed to practice in the State of Wisconsin

Policy

- The lice management program will be under the direction of the _____ [designated staff member].
- The School District shall have trained individuals who will implement the program.
- The Medical Advisor (MA), in conjunction with the School Nurse, community agencies such as public health, and other designated community or parent members shall review the program and policy periodically to ensure that it is meeting the needs of the school district and its families and is following best practice.

Administrative Rule:

School District Administrator:

- In consultation with [School District] School Nurse(s) and [School District] medical advisor will ensure that the lice prevention and treatment program/policies/protocols are in place and reviewed periodically.
- In collaboration with [School District] School Nurse(s), identify and assign responsible individuals to assist in providing guidance for the lice prevention and treatment program.
- Make confidential space available for implementing the lice prevention and treatment program in each occupied school building within the district.
- Will understand and support that mass screenings do not have any scientific basis for being done, and are not good use of School Nurse time. ²

Medical Advisor:

The Medical Advisor will:

- Provide school district staff and parents with information on head lice infestations and treatments.²
- Take an active role as information resources for families, schools, and other community agencies.²

School Nurse:

The School Nurse will:

- Check a student's head for lice if he/she is demonstrating symptoms being sure to provide the student privacy.
- Train school personnel
 - On how to check a student's head if he or she is demonstrating symptoms of head lice, such as frequent scratching or complaining of itching.
 - The importance and difficulty of correctly diagnosing an active head lice infestation. ²
 - On appropriate treatment options. ²
- Educate school staff regarding head lice causes, treatment and common misconceptions such as:
 - Getting head lice is not related to cleanliness of the person or his/her environment.
 - Head lice are mainly spread by direct contact with the hair of an infested person.
 - Head lice are not known to transmit disease.²
 - Head lice move by crawling, not hopping or flying.
 - Head lice are not reportable to the public health departments unless there are other communicable disease related concerns.
- Educate students and their families about how to prevent lice and what to do if a family member has lice.
- Collaborate with the Public Health Department or other resources in planning assistance to families who have chronic infestation. ³

Parents:

- Examine child's head, especially behind the ears and at the nape of the neck for crawling lice and nits.
- All household members should be examined if lice or nits are found on a family member. Only those with evidence of an infestation should be treated. ^{1, 2, 4}
- Head lice treatment must be followed exactly as instructed on the package.
- Removal of all nits after successful treatment with a pediculicide is not necessary. Nits that are attached more than ¼ inch from the base of the hair shaft are almost always non-viable.²
- Soak all combs and brushes in very hot water for about 1 hour.

- Wash sheets, blankets, bedding in hot water.
- Seal stuffed animals in a plastic bag for 1 week or, if possible, wash in hot water.
- Vacuum carpets, furniture and mattresses thoroughly.
- Retreat hair according to treatment protocol.

Head Lice Protocol

Treatment protocol recommendations:

- Students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to school following appropriate treatment. ²
- Students diagnosed with live head lice should be discouraged from close direct head contact with others; however they should not be removed from the classroom. ²
- The child's parent or guardian should be notified that day by telephone or by having a note sent home with the child at the end of the school day stating that prompt, proper treatment of this condition is in the best interest of the child and his or her classmates.
- There are many acceptable treatment options; however treatment with a product that is both a pediculicide as well as ovicidal is the most sure way to kill lice and prevent further re-infestation. ¹
- **Re-admittance to the classroom the next day if no treatment or insufficient treatment has been given is a local district decision.**
- Students with nits-only should not be sent home from school, they should be monitored for signs of re-infestation. ^{1,3}
- Notification letters should be sent home to alert parents only if a high percentage of children in a classroom are infested with lice. ²

References:

1. Centers for Disease Control and Prevention
2. Frankowski, B. L., & Bocchini, J.A., and Council on School Health and Committee on Infectious Diseases. (2010). Head Lice. *Pediatrics*, 126, 392.
3. National Association of School Nurses. (2016). *Position Statement: Pediculosis Management in the School Setting*. Available at:
4. National Association of School Nurses.
5. University of Texas, School of Nursing, Family Nurse Practitioner Program. (2008) *Guidelines for the diagnosis and treatment of pediculosis capitis (head lice) in children and adults 2008*. Austin (TX): University of Texas, School of Nursing