

Standards of Care for Head Lice Management in the School Setting Utah 2017

NOTE: School nurses should determine their individual scope of practice regarding new pediculosis treatment therapies.

Adult head lice are roughly 2–3 mm long. Head lice infest the head and neck and attach their eggs to the base of the hair shaft. Lice move by crawling; they cannot hop or fly. They are not known to spread disease (CDC, 2016).

Head lice infestation, or pediculosis, is spread most commonly by close person-to-person contact. Dogs, cats, and other pets do not play a role in the transmission of human lice.

TREATMENT

Several effective pediculicides (lice-killing products) are available. The school nurse should maintain their knowledge of available products and instructions for use. Parents and school staff should be instructed to follow the specific product instructions.

Evidence indicates that many school policies on head lice are more harmful when students are ostracized which can lead to increased bullying and lower school performance. The school nurse should work with school administrators to develop a policy that will meet the district needs.

The school nurse plays an integral role in assisting students and families with cases of pediculosis. It is their responsibility to know the district policy, changes in the standards of care, and evidence that is available for the education of school personnel, families, and students.

MANAGEMENT

- “No-nit” policies should be discouraged. These result in unnecessary absenteeism, and may violate affected children’s civil liberties (NASN, 2016).
- Classroom screenings should be discouraged since subsequent cases are rarely found, nor are they cost-effective (NASN, 2016).
- If a case is found the child should be allowed to remain in school. The parent should be contacted at the end of the day, and given instructions on evidenced-based treatment options (NASN, 2016).
- Classroom or school notifications should be discouraged because it has been shown to increase community anxiety, increase social stigma causing embarrassment of affected infested students, and puts students’ rights to confidentiality at risk (NASN, 2016).
- Refer to an advanced healthcare provider if a prescription is needed. Many effective products are available without a prescription at local pharmacies.
- Instruct family on application of pediculicides, either prescribed medication or over the counter preparations according to package directions.

- Families should be educated on how to assess their children for suspected head lice.
- Control the school environment by considering the following:
 - Children should not be allowed to share hair ornaments, brushes or combs. Hats, coats, scarves and the like should be hung or placed individually for each child and not stacked or hung on top of those belonging to other children.
 - Wall hooks, if used, should be far enough apart that garments hung on adjacent hooks do not touch. Sometimes plastic bags with draw strings are hung to contain garments if hooks are not far enough apart.
 - Headgear, including headsets, should be removed from use if lice are present in the class. If lice are an ongoing problem, headgear and headsets should be stored in an air-tight plastic bag for 2 weeks and not reused until the problem is resolved.
 - Carpeted areas in classrooms should be vacuumed frequently and thoroughly. Lice killing sprays are generally unnecessary. Fumigation of classrooms or buses is not indicated.

REFERENCES

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