Head Lice in School
“Don't Be Nit Picky”

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Why Amend Current Procedures?

- Limit exclusion from school.
- Limit risk of lice infestation in the school setting.
- Provide a consistent practice for pediculosis, “head Lice”, in all schools.

Why Now?

- New information is available to influence our practice.
- Internet influences information.
- Lice is still an issue in schools.
Head lice or “pediculosis”, have been around since prehistoric times. This isn’t something new. There has been no basic changes in their morphology during the last 2000 years.

They are not known to spread disease or illnesses.

Complications of infestations are rare and involve secondary bacterial skin infection with itching being the most common symptom.
How Head Lice Evolve

There are three stages of head lice life cycle.
- egg or nit
- nymph
- adult louse.
What Are Head Lice?

Head Lice are wingless, elongated, dorsoventrally flattened insects.

- Lice are grayish brown in color and about 1/16-1/18 of an inch long. Hook-like claws are at the end of each of six legs to help anchor the louse to the hair shaft.
- The louse can live about 30 days on its host. The female will lay about 90 eggs during this time, 6 eggs per day.
- The eggs are called “nits” and they will hatch into “nymphs” in about 10 days.
- The nymphs begin to feed on their host by sucking blood from the scalp. They become mature in 8 days.
How Do We Get Head Lice?

- Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

- The most common means of transmission is through direct head to head contact.

- Indirect transmission may occur via shared combs, brushes, hats, and hair accessories that have been in contact with an infested person.

- Schools are not a common source of transmission.
Even if an experienced person checks for lice, they may be misdiagnosed.

Examine the head under bright light.

Part the hair. Head lice are found almost exclusively on the scalp, especially behind the ears and near the neckline at the back of the head.

Look for small white to yellowish-brown specks about the size of a sesame seed firmly attached within 1/4 inch of the scalp. These nits are most likely to hatch.
Verifying Infestations

Lice are small, move quickly, and avoid light. They can be difficult to find.

They are sometimes found on the eyelashes or eyebrows, but this is uncommon.

Nits are cemented firmly to the hair shaft.

To tell the difference between eggs and dandruff, try to dislodge them from the hair shaft. If they are easily removed, they are probably not eggs.
The first major symptom of a lice infestation can be intense itching caused by the lice feeding, although certain individuals may experience no itching.

Nits that are likely to hatch are usually located no more than $\frac{1}{4}$ inch from the base of the hair shaft.

Presence of live lice.

The presence of nits alone does not mean an infestation.
Recommended treatments are a prescription or over the counter lice killing products such as RID or NIX.

Second treatment 7-10 days after the first is recommended to kill all nits that may have hatched.

Manually remove nits after the shampoo is used.

Use a good lice comb to assist inspection.

Check the hair of all family members.

Recheck infested persons scalp weekly for 4-6 weeks.

Let the child’s school know so that other parents can be on the “look out” for the presence of lice on their children.

Ask your school nurse for help in identification and a plan for treatment.
Cleaning-up!

- Wash bedding in hot water (130 º) and dry in hot dryer.

- Wash and dry recently worn items such as coats, scarves and hats. If not possible, place in plastic bag for 2 weeks.

- Clean combs, brushes etc, in hot (130º) water for 10 minutes.

- Vacuum floors, upholstered furniture (couch, chairs, car seats), carpets and beds. Dispose of the vacuum bag.
Prevention

- Watch your child for signs of head lice, such as frequent head scratching.
- Teach your child to avoid things that have been on or near another child’s head.
- Check your child’s head frequently to catch lice early.
- Know what you are looking for.
- Follow package directions of lice killing products carefully and completely.
Important Lice Facts

Lice don’t jump or fly.

Lice are host specific parasites so human lice don’t live on other animals.

Head lice do not transmit disease.

Lice are spread by direct contact.

Lice must feed off blood, or they die within 24 hours of separation from human hosts. If they have fallen off hair, they are at the end of the life cycle.

It is estimated that 12 to 24 million school days are lost annually due to lice.
From the Centers for Disease Control and Prevention

Current evidence does not support the efficacy and cost effectiveness of classroom or school-wide screening for decreasing the incidence of head lice among school children.

“No-nit” policies that require a child to be free of nits before they can return to school are not recommended.

Children should be permitted to return to school after appropriate treatment is started.

Head lice can be a nuisance but they have not been shown to spread disease.

Students diagnosed with live head lice should not be sent home early from school. They can go home at the end of the day, be treated, and return to class the next day.
Nits alone are not proof of active infection because some of these represent hatched empty shell casings or nonviable eggs that may retain a viable appearance for weeks after death.

Since lice move rapidly, not finding a louse does not completely rule out infestation. “No-nit” policies exclude children from school unnecessarily and are not recommended. The presence of nits alone should not be the basis for exclusion of children from school. The child should be allowed to return to school after proper treatment.
Head lice, unlike body lice, do not transmit any disease agents.

Head lice infestation is not significantly influenced by hair length or by frequent brushing or shampooing. In the US where daily brushing is routine, those infested rarely have more than a dozen live lice. Cultures with different grooming practices often have a hundred or more live lice.

It is impossible to totally prevent head lice infestations. Young children come into close head-to-head proximity frequently and should be taught not to share personal items such as combs, brushes, and hats.
Head lice screening programs have not been proven to have a significant effect on the incidence of head lice in the school setting over time and are not cost-effective.

Manual removal of nits after treatment with a pediculicide is not necessary to prevent spread. In the school setting, removal may be considered to decrease diagnostic confusion.

No healthy child should be excluded from or allowed to miss school time because of head lice. “No nit” policies for return to school should be discouraged.
Head lice rarely (if ever) cause direct harm, and they are not known to transmit infectious agents from person-to-person. They should not be considered as a medical or a public health problem.

The greatest harm associated with head lice results from the well-intentioned but misguided use of caustic or toxic substances to eliminate the lice.

The discovery of head lice or their eggs on the hair should not cause the child to be sent home or isolated.
Anxiety on the communicability of head lice often occurs in communities hit by this condition. Embarrassment and social stigma frequently accompany identification of infestation. Schools may be blamed as the source of contraction for students. In an effort to decrease head lice infestations, many US schools adopted “no-nit” policies. Subsequently, schools report extended student absences related to chronic infestation.

Study of attendance records found 12 to 24 million school days are lost annually in the US due to exclusion of students for nits. Exclusion from school for any reason has been correlated with truancy, as well as with poor academic performance.

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.
There is no association with head lice and poor hygiene or low socioeconomic status.

Dead nits remain after successful treatment and do not signify active infection; they do not have to be removed. Nits grow away from the scalp with time; the absence of nits less than ¼ inch from the scalp rules out current active infection.

Controversy surrounds the need to exclude children with head lice or nits from school. There is no good data to support this.
The “no-nit” policy, which was suggested as a guideline for the prevention and effective control of pediculosis in the school setting, is now being discouraged by the medical authorities. Previously, these same sources were used in the development of our current recommended guidelines.

The ADPH does not require that a student with nits be denied attendance in school. This position is supported by the Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the National Association of School Nurses. Recent data does not support school exclusion for nits.

Because no disease process is associated with head lice, schools are not advised to exclude students when nits remain after appropriate lice treatment, although further monitoring for signs and symptoms of re-infestation is recommended.
School Nurse Recommendations for Amending Current Procedure

- Notify parent/guardian the day of the suspected infestation by phone.
- Provide the parent with information about the biology of head lice and methods to eliminate infestation.
- The student should be allowed to stay at school until the end of the day and ride the bus home if applicable.
- Classroom screenings not recommended when a case is suspected.
Misidentification of head lice is common, thus education for screeners on proper identification is essential.

A method of verifying that the student has been properly treated before returning to school should be in place.

Students should not be excluded if they return to school with nits. The viable quality of nits should be reviewed.
School Nurse Recommendations Continued:

- Re-inspect in 7 days for evidence of active infestation.
- Students will be discouraged from direct head to head contact with other students.
- The privacy of the students identified as having head lice should be protected.
Creating unnecessary panic in the school community is a disservice to students.

We need to educate students, families, and ourselves based on fact and not fear.

Don’t let head lice interfere with students’ opportunities to learn and achieve in the classroom. Missing school puts a child at risk for failure.
Resources


AAP policy to NASN on head lice http://aappolicy.aappublications.org/cgi/content/full/pediatrics;110/3/638

Harvard School of Public Health http://www.hsph.harvard.edu/headlice.html