



Old Bridge Township Public Schools

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Dear Parents/Guardians,

Welcome back to school! I am looking forward to a productive and enriching new school year.

The Old Bridge School District has adopted an evidence based practice policy regarding head lice based on current research and recommendations from the Center for Disease Control (CDC), the American Academy of Pediatrics, and the National School Nurse Association. We believe that it will result in a decrease in unnecessary absenteeism, reduce embarrassment to students and families, and decrease the overuse of potentially harmful chemicals. Head lice can be a nuisance but do not spread disease.

Pediculosis, or head lice, is a tiny wingless insect that lives close to the human scalp. An adult louse is the size of a sesame seed and will adapt its color to the hair color of its host. Lice eggs or nits, attach to the hair shaft. They are white or yellowish in color and resemble dandruff. However, unlike dandruff they cannot be easily brushed off. The presence of nits alone is *not* an accurate indicator or predictor of an infestation.

Head lice do not transmit disease, are not a sign of poor hygiene, cannot fly, jump, or swim, and do not discriminate against any person regardless of age, gender, or race. Head lice are transmitted through direct head to head contact. You can help by encouraging your child to avoid head to head contact with other children, teaching them not to share or borrow hats, combs, brushes, and other personal items, and checking their head for lice regularly.

If you think your child may have head lice, it's important to speak with your healthcare provider to discuss the best treatment approach for your family.

As your school nurse I want to provide you with the information you need to safeguard your child's health and pave the way for a healthy school year.

Sincerely,



THE FACTS ABOUT HEAD LICE

What are they?

- Head lice are small insects with six legs usually the size of a sesame seed (the seeds on burger buns).
- They live on or very close to the scalp and don't wander far down the hair shafts for very long.
- They can only live on human beings; you can't catch them from animals.
- Nits are not the same thing as lice. Lice are the insects which move around the head. Nits are egg cases laid by lice, stuck on to hair shafts; they are smaller than a pin head and are pearly white.
- If you have nits it doesn't always mean that you have head lice. When you have got rid of all the lice, the nits will stay stuck to the hair until it grows out. • You only have head lice if you can find a living, moving louse (not a nit) on the scalp.
- Anybody can get head lice.
- Head lice infections are caught from close family and friends in the home and community, rarely from the school.
- Spread of head lice requires direct head to head contact. They can't swim, fly, hop or jump.

Prevention - can you stop them?

- The best way to stop an infestation is for families to learn how to check their own heads. This way they can find any lice before they have a chance to breed. • Instruct children not to share hats, combs, brushes, etc.
- All bedding and towels from the infected individual should be cleaned with soap and hot water and placed in a dryer for at least 20 minutes to help kill any remaining lice. Clothing that has been in contact with the infected person's hair should also be considered for cleaning. Wash combs, brushes, and other haircare items. Throw out any hair accessories, such as hair elastics and ribbons. Thoroughly vacuum carpets and upholstered furniture.
- Pets cannot become infested with head and body lice, so no precaution is required.

Returning to School

- Students may return to school the day after treatment for head lice as long as there are no live lice upon re-inspection by the school nurse.
- Consult your healthcare provider if you are having difficulties getting rid of your child's head lice.



Rationale:

Pediculosis (head lice) continues to be an ongoing nuisance. With regard to head lice, the goals of the Old Bridge School District are to:

- A) Decrease school absenteeism.
- B) Adopt an evidence based practice policy.
- C) Support families in their efforts to control and eliminate head lice.
- D) Maintain student privacy.

The American Academy of Pediatrics, The National Association of School Nurses, and the CDC discourage routine school-wide head lice screenings, which have not been shown to be effective, have had no significant effect on the incidence of head lice in the school setting, and are not cost effective. Children should be checked only when demonstrating symptoms of active head lice. "No-nit" policies should be discontinued because:

- 1) Egg cases farther from the scalp are easier to discover, but these tend to be empty (hatched) or nonviable and, thus, are of no consequence.
- 2) Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.
- 3) The burden of unnecessary absenteeism to the students, families and communities far outweighs any risks associated with head lice.
- 4) Head lice are not a medical or public health hazard as they are not known to spread disease.

However, parents may have misconceptions and prejudices, which place pressure on school staff. Educating and supporting the child and parent with factual, nonjudgmental information is better than having policies and practices driven by misinformation. The diagnosis of a head lice infestation is only made by finding a live nymph or adult louse on the scalp or hair of a person.

A child with an active head lice infestation will be sent home for treatment. All students will be encouraged to avoid direct head contact with others. A child with an active head lice infestation has likely had the infestation for 1 month or more by the time it is discovered and poses little risk to others from the infestation. The school can be most helpful by making available accurate information about the diagnosis, treatment, and prevention of head lice in an understandable form. Information sheets in different languages and visual aids for families with limited literacy skills should be made available by schools.

Students found to have live head lice will be sent home from school to be treated, and may return to class after appropriate treatment has begun. Nits may persist after treatment, but successful treatment should kill crawling lice. Do not check for nits (dead or alive) or enforce a no-nit policy for those who have been treated. It is not productive.

Head lice are most commonly spread by direct contact with hair. Students will be encouraged to avoid head to head contact with other students. Students should be reminded to avoid sharing hats, coats, combs, and other personal items and direct head-to-head contact.

Procedure for the Management of Pediculosis (Head Lice) in Schools.

- A) Accurate information on pediculosis detection, treatment, and prevention will be sent home via email at the start of each school year and will be posted on the district website. (Forms A-1, A-2, and A-4)
- B) Only students who are symptomatic will be referred to the school nurse for a head check. Routine school wide head checks are not cost effective or productive.
- C) Students enrolled in the Old Bridge Public School District who are found to have an active case of head lice (live louse found on scalp or hair) will be sent home for treatment.
- D) Written notification and treatment guidelines will be given to the adult who picks up the student at school. (Form A-3)
- E) Parent/guardian will be instructed that the student **must** be treated before returning to school.
- F) The student will be re-examined by the nurse upon return to school to determine the initial success of treatment.
 - Students may **not** ride the bus to school until they have been cleared to return by the school nurse.
 - If live lice are found, the student will **not** be allowed to return to the classroom and the parent/guardian will be instructed to remove all live lice before the student returns to school.
 - If only nits are found the student may return to the classroom and the parent/guardian will be instructed to continue to check their child's head daily for 14 days and re-treat as directed.
- G) Siblings and/or students who live in the same household with any student found to have an active lice infestation will be checked by the school nurse.
- H) Record all head checks and findings in Realtime.
- I) The building custodian will be notified of any classrooms in which live lice have been found so that extra careful vacuuming of rugs and upholstered furniture may be done at the end of the school day.
- J) If 20% of students in a single elementary classroom are found to be infested, the building principal will notify families of students in that classroom encouraging all children to be checked at home and treated, if appropriate, before returning to school the next day.
- K) Principals of middle and high schools will send out a grade level alert if a cluster of active head lice infestations are found in their schools.
- L) The school nurse will schedule a follow up visit in the health office to rescreen any students who had a lice infestation in 7-10 calendar days.

Note:

The presence of severe infestations of untreated head lice can be disruptive to the educational environment. The school nurse will use professional judgement to determine when unusual measures are necessary to respond to extraordinary cases.

- 1) In the rare case that a student has either a chronic head lice infestation or a severe head lice infestation that is disruptive to their learning, exclusion may be considered.
- 2) If in the nurse's professional judgement it is determined that exclusion from school needs to be considered, the nurse will consult with the school principal about implementing the exclusion. This measure will only be taken after careful consideration. Students who are excluded **must** be referred to their physician for evaluation.

- a. With chronic head lice infestation cases, the nurse will obtain medical documentation of head lice management measures taken.
- b. The return of a student after exclusion will be predicated on a head check with evidence of the elimination of live lice and a decrease in the number of nits.
- c. The school nurse will monitor the progress of lice management over a period of time; the goal is supporting the family in eradication of this pest.

References:

http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html

www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/40/Pediculosis-Management-in-the-School-Setting-Revised-2011

<http://pediatrics.aappublications.org/content/early/2015/04/21/peds.2015-0746.full.pdf+html>

http://www.nj.gov/health/cd/documents/faq/headlice_faq.pdf

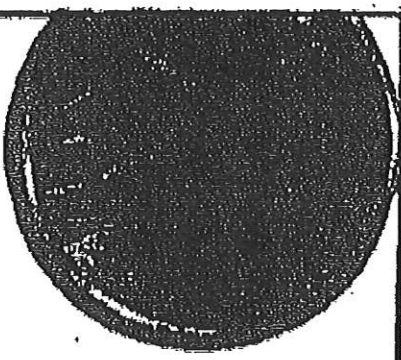
<http://www.health.ri.gov/publications/protocols/HeadLice.pdf>

<https://www.pediatricnursing.net/ce/2016/article4005226235.pdf>

http://www.cdc.gov/parasites/lice/head/health_professionals/index.html

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Look for Head Lice

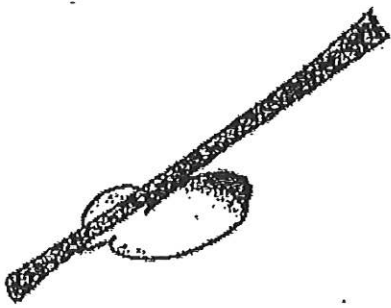


Head lice

Head lice are tiny and look like this bug:



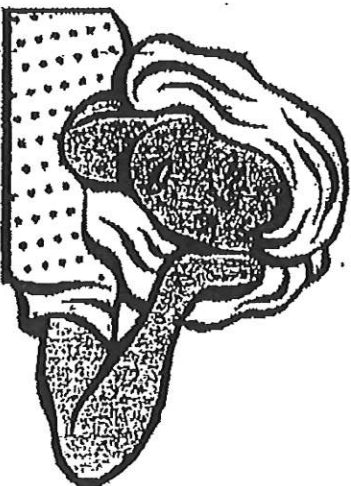
Do not share combs, hair ribbons, scrunchies, hats, towels, etc.



Head lice eggs on your hair look like this



Have someone look through your hair for head lice

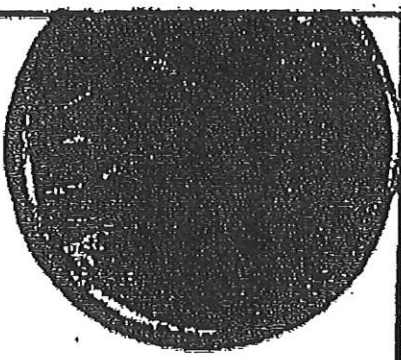
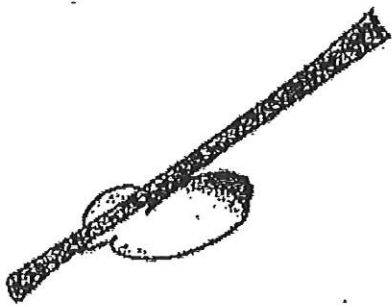
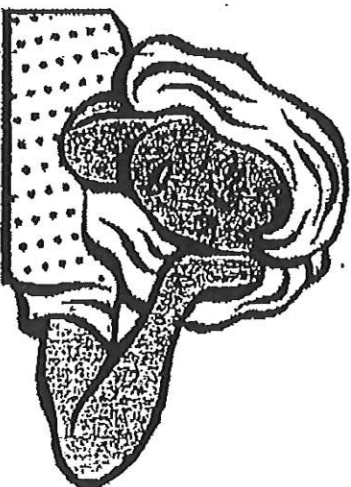




Head lice make your scalp feel itchy, sore or like something is moving in it



IF YOU FIND HEAD LICE

Get a shampoo that kills head lice from a drug store and follow directions for use

 <p>Head lice are tiny and look like this bug:</p>	 <p>Head lice eggs on your hair look like this</p>	 <p>Head lice make your scalp feel itchy, sore or like something is moving in it</p>
 <p>Do not share combs, hair ribbons, scrunchies, hats, towels, etc.</p>	 <p>Have someone look through your hair for head lice</p>	<h2>IF YOU FIND HEAD LICE</h2> <p>Get a shampoo that kills head lice from a drug store and follow directions for use</p>



National Association of School Nurses

POSITION STATEMENT

Pediculosis in the School Community

HISTORY:

A prehistoric survival, head lice (*pediculosis capitus*) are small parasitic insects that live on the scalp and neck hairs of their human hosts. They have had no basic changes in their morphology during the last 2,000 years (Pe'er & BenEzra, 1998). While much despised, lice are not known to be vectors for illnesses. Complications of infestations are rare and involve secondary bacterial skin infection. Pruritis is the most common symptom (Vessey, 2000).

DESCRIPTION OF ISSUE:

Families and school staff expend innumerable hours and resources attempting to eradicate lice infestations, expending equal efforts on parasites and their nits. Reliable data describing the usual incidence of infestation in the general public, in the average school community, and during particular seasons of the year is lacking. Williams and colleagues (2001) report an estimated 6 to 12 million infestations annually.

Annually, millions of dollars are spent on pediculicides, lice combs, physician visits, and parental time away from work. Reports of drug resistance for the treatment of an infestation are increasing. In an effort to find an easy, effective, and safe treatment, a variety of alternative therapies (e.g., oil-based and grease-based products, animal shampoos, and insecticides) have been tried. These alternative treatments may have some merit. However, there is little scientific evidence regarding their effectiveness, and all have a cost (Vessey, 2000).

Anxiety on the communicable level of head lice often occurs in communities hit by the disease. Embarrassment and social stigma frequently accompany identification of infestation. Schools may be blamed as the source of contraction for students. Historically, in an effort to decrease head lice infestations, many U.S. schools adopted "no nit" policies. Subsequently, schools report extended student absences related to chronic infestation in certain students. Study of attendance records found 12 to 24 million school days are lost annually in the U.S. due to exclusion of students for nits (Price, Burkhart, Burkhart, Burkhart, & Islam, 1999). Exclusion from school for any reason has been correlated with truancy (Scott, Gilmer, Johannessen, 2004), as well as with poor academic performance.

Presence of nits does not indicate active infestation and no evidence is found that presence of nits correlates with any disease process (Scott, Gilmer, Johannessen, 2004). Other studies show that lice are not highly transferable in the school setting (Hootman, 2002) and no outbreaks of lice resulted when allowing children with nits to remain in class (Scott, Gilmer, & Johannessen, 2004).

RATIONALE:

The school nurse is the most knowledgeable professional in the school community and so ideally suited to provide education and anticipatory guidance to the school community regarding "best practices" of pediculosis management. The school nurse's goals are to contain infestation, provide appropriate health information for treatment and prevention, prevent overexposure to potentially hazardous chemicals, and minimize school absence.

There is no scientific consensus on the best way to control head lice infestation in school children. No pediculicide is 100% ovicidal, and resistance has been reported with lindane, pyrethrins, and permethrin (Frankowski & Weiner, 2002). 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 (American Academy of Pediatrics, 2003).

CONCLUSION:

It is the position of the National Association of School Nurses that the management of pediculosis should not disrupt the education process. Children found with live head lice should be referred to parents for treatment. 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 of re-infestation is appropriate.** The school nurse, as student advocate and nursing expert, should be included in school district-community planning, implementation, and evaluation of vector control programs for the school setting. The school nurse retains an important role in educating **all constituencies** about pediculosis and dispelling myths and stigmas regarding lice infestation.

References/Resources:

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- Frankowski, B.L., & Weiner, L.B. (2002). Head lice. *Pediatrics*. 110(3) 638-43.
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Nit Free Policies in the Management of Pediculosis:

Adopted: November 1999

Revised: July 2004