

Management of Pediculosis Information Packet

Pediculosis (Head Lice) infestations can occur anywhere but are most common among preschool and elementary school age children and their household members regardless of socioeconomic status or hygiene. Head lice are a nuisance, not a health hazard. Head lice do not spread any known disease. The presence of head lice can negatively affect families through unnecessary absenteeism, missed learning opportunities for the student and potentially lost family wages due to loss of parent/guardian workdays.

The Summit Board of Education has recently changed the "no-nit" policy to reflect standard practice as recommended by the most recent evidence-based practice and research from the CDC (Center for Disease Control), AAP (American Academy of Pediatrics), NASN (National Association of School Nurses) and HSPH (Harvard School of Public Health). They all recommend that students with nits (lice eggs) REMAIN IN SCHOOL and not be immediately excluded. When lice is found on a child at school, that child's parent will, of course, be informed. The certified school nurse will follow up to make sure that the child is treated appropriately. If the student is treated appropriately, then she/he will be able to come to school.

Why is exclusion NOT recommended by medical experts?

- 1. Head lice is a nuisance, not a disease and is not dangerous to the child or others.** Children with the common cold, which is easily passed from student to student are allowed to stay in school. Children with head lice, who are not sick and pose no risk of illness, should not be excluded from school.
- 2. By the time lice is discovered, the child has usually had them for 3-4 weeks.** They have been in school school this whole time, therefore it makes no sense to immediately exclude them from class.
- 3. No matter how careful staff is to protect the privacy of students, when a student leaves a class and does not come back, most students assume the child has lice.** This can be very embarrassing for the child and the family.
- 4. Most importantly, school is not a high risk area for getting lice!** Over the last 14 years, multiple studies have proven that the school rarely is the site of lice transmission. The vast majority of cases of lice are spread by friends and family members who often play or live together. In the rare case when spread of head lice has occurred at school, it is among very young children, as in preschool or kindergarten, and likely a result of playing closely together in ways that result in head to head contact.

Lice elicit an emotional reaction. "No-nit" policies were based on that reaction, not on scientific evidence of how lice were transmitted. Scientific research has shown that keeping students with eggs or even lice, out of school do NOT reduce the amount of head lice at school.

What WILL the school do if a case of possible lice is reported or found?

- The school nurse will check any student reported to have lice. If active lice or nits (eggs) are found, the parent will be confidentially notified. The school nurse will provide information to the parents about proper treatment options.
- Parents of children with head lice will be encouraged to talk to other parents of close friends. Parents will not be informed of other children who have lice in school, as this is a privacy concern and the risk of getting lice from a classmate is very small.
- Students with lice will be checked when they return to school and as needed.
- Classroom head checks will be at the discretion of the school nurse and only in the youngest grades (preschool and kindergarten) where the risk of transmission is higher due to play involving head to head contact.
- Parents will be asked to complete a district treatment verification form upon their child's return to school. This will allow the nurse to know what strategies were used to address the infestation so they can better serve the needs of each individual child.

Treatment: Treatment for head lice is recommended for persons diagnosed with an active infestation. Treatment should never be started without a confirmed diagnosis of head lice. Treatment may involve a combination of topical, oral and physical methods depending on the student's age and size, resistance patterns in the area, and the agent's toxicity. It is always advised to contact your healthcare provider for recommendations on which treatment method is best for your child.

There is a wealth of information on head lice. The following sites can further inform you on the facts and myths associated with head lice as well as step by step treatment guides.

<https://www.nasn.org/nasn/programs/educational-initiatives/lice-lessons>

<https://www.healthychildren.org/English/health-issues/conditions/from-insects-animals/Pages/Signs-of-Lice.aspx>

<https://www.healthychildren.org/spanish/health-issues/conditions/from-insects-animals/paginas/signs-of-lice.aspx>

http://www.state.nj.us/health/cd/documents/fag/headlice_faq.pdf

<https://www.cdc.gov/parasites/lice/head/index.html>

Head lice are very common and always exist in communities and in schools. No school is ever lice-free; just as no school is free of the common cold. After collaborating with several districts and reviewing the most recent research on head lice the revised policy and procedures for head lice management in the Summit Public Schools reflect the highest standards of evidence based practice for our students and their families.

Please feel free to contact us with questions or concerns.

The Summit School Nurses

Friendly Reminder for Parents Regarding Head Lice Prevention

We are sending this letter home with all students to remind you of the importance of monitoring your child for head lice. Head lice is a common occurrence, and cases of head lice often increase following school breaks when children have spent time in close contact with each other at sleepovers, parties, play groups, on sports teams, at camps, and other places where there can be head-to-head contact.

We are providing this information so that you make take steps at home to monitor and prevent your child from contracting head lice. We believe that enlisting the proactive support of parents in preventing outbreaks of lice will help to prevent what often becomes a time consuming and frustrating process.

How to prevent your child from getting lice:

Head lice is not associated with cleanliness. Lice do not fly, jump, swim. They do however, crawl. Close head-to-head contact is the most common way children contract lice. Checking your children for lice and nits regularly can help to prevent transmission. Additionally, sharing combs, brushes, hats, scarves, helmets, hair bands, headphones, etc. increases the risk of spreading lice. Teaching this to your children can help to prevent these behaviors.

Students with long hair can wear their pulled back or have their hair up in ponytail, braid or bun.

How to check your child for lice:

Look for signs that your child has lice such as itching and scratching of the scalp, the feeling that something is moving in their hair, or visible lice crawling on their scalp. Examine your child's hair using a bright light and a comb or tongue depressor to separate the hair into small sections. Look close to scalp, especially behind the ears and the back of the head. Nits and eggs are tiny, tear-drop shaped eggs the size of a sugar granule that are glued to the hair shaft and appear tannish in color. They might look like dandruff, but cannot be wiped away or brushed off like dandruff. Live lice are small tan or gray bugs with six legs that range in size from a pinhead to as big as a sesame seed.

What to do if nits or lice are found:

Contact your family healthcare provider and school nurse for more information and to determine the best treatment.

Many families will experience a head lice infestation during their child's school years, and we appreciate your assistance in this matter. We are here to help in any way we can, so please do not hesitate to contact us with any questions or for more information.

Sincerely,
The Summit School Nurses

SUMMIT PUBLIC SCHOOLS

SUMMIT, N.J.

HEAD LICE ALERT NOTICE

Dear Parent /Guardians,

It has come to my attention that lice (pediculosis) was found in a student in your child's class and I seek your cooperation in checking your child's hair frequently in the next few weeks. If the school nurse determines that a student has active head lice or nits (eggs), the parent will be notified by the school nurse as soon as reasonably possible. A student who is found to have active head lice will be excluded from school until there are no active lice in the student's hair and proof of treatment has been provided to the school nurse.

Head lice do not transmit any diseases and are not dangerous. Head lice are transmitted by having head to head contact with someone who has head lice. Head lice are common in school-age children and are commonly found in places other than school. Head lice infect children from all backgrounds and walks of life. Anyone can get head lice, no matter how clean their home or hair is, or where they live or go to school or play.

The Summit Public Schools recognize parents have the primary responsibility for the detection and treatment of head lice and school nurses and staff members work in in collaboration with parents to manage head lice issues. The Board of Education adopted a policy to manage head lice at school (Policy #8454 Management of Pediculosis). The Summit School Nurses have put together a "Management of Pediculosis Information Packet" with an additional informational link to the National Association of School Nurses "Lice Lessons". This information is available on our district website under Student Health Services

<https://sites.google.com/a/summit.k12.nj.us/summit-student-health-services/>

The Summit School Nurses and School Staff are aware that head lice can be a sensitive issue and are committed to maintaining your confidentiality.

Kind Regards

The Summit School Nurses

Summit Public Schools

Verification of Treatment for Head Lice

Student Name _____ Grade _____

Homeroom/Teacher _____

Date head lice were identified _____

Date of treatment _____

Treatment method used (please check all that apply)

➤ Anti-lice Treatment Product:

- Over the Counter Treatment Product

(Please list name and attach box cover)

- Prescription-strength product

(Please list name and attach pharmacy printout)

➤ Mechanical Removal

- Please describe the combing routine you used:

When using a Lice treatment and removal service please provide letter of verification.

I understand that the medicated shampoo treatment must be used as directed on the label (usually repeated in 7-10 days) and the nits must be removed and combed daily and I will contact my health care provider if after following the instructions my child still has live lice.

Parent Signature _____ Date _____