



HEALTH SERVICES
RICHARDSON INDEPENDENT SCHOOL DISTRICT

Guidelines for Managing Students with Pediculosis

The Richardson Independent School District (RISD or the District) is committed to providing a safe and healthy environment of learning for all students. Guidelines for the management of pediculosis have been developed in response to regulations from the Texas Department of State Health Services (DSHS) as well as current recommendations from the Centers for Disease Control and Prevention (CDC), the National Association of School Nurses (NASN), and the American Academy of Pediatrics (AAP). RISD is committed to minimizing disruption of the educational process related to pediculosis management.

The DSHS does not list pediculosis as an excludable condition and state that children who are found with lice or nits (lice eggs) should stay in school. The DSHS indicates that head lice do not carry or spread disease; they are not a public health threat and therefore are not monitored or tracked.¹ The AAP takes the position that pediculosis is not a health hazard and is not responsible for the spread of disease. The AAP agrees that no-nit policies should be abandoned in schools and no healthy child should be excluded or allowed to miss school because of pediculosis.² The Harvard School of Public Health³ and CDC report that there is little evidence that exclusion from school reduces transmission of lice.⁴ NASN stipulates that the management of pediculosis should not disrupt the educational process; no disease is associated with head lice and in-school transmission is considered to be rare. NASN indicates that children found with live lice should remain in class until the conclusion of the school day. They indicate that the school nurse must prevent stigmatizing and maintain the student's privacy as well as the family's right to confidentiality.⁵ The Texas Association of School Boards (TASB) cautions that school districts do not create penalties for the student, such as grade reductions or loss of credit. Students must also be allowed to complete their assignments and tests with no penalties. The following guidelines set out the procedures that RISD follows in managing students with pediculosis.

I. INTRODUCTION

Pediculosis is fairly common among children of preschool and elementary school age as well as the household members and caretakers who live with them. It affects individuals of all ethnicities and socio-economic status. It is estimated that between 6 and 12 million head lice cases occur every year in children 3 through 11 years of age. While head lice infestation is a nuisance, it does not pose a significant health hazard or a means of spreading disease.⁶

The most challenging aspect of head lice is not the condition itself, but the reaction and emotions of individuals when head lice are suspected. Lice cases cause reactions of fear and anger among school personnel, parents and the community. This can lead to teasing or alienation of a child which can impact the child's self-esteem. Inappropriate management of head lice can result in unnecessary absenteeism. One study found 12 to 24 million instructional school days are lost annually in the United States due to excluding students with nits.

¹ Texas Department of State Health Services. (2012, December 20). *Summary of changes in the Texas administrative code regarding notifiable conditions and school exclusion criteria*. Retrieved from <http://www.texednews.com/2013/4/TAC-summary-2.pdf>

² Frankowski, B.L. & Bocchini, J.A. (2010). Clinical Report-Head Lice. *Pediatrics*, 126(2), 392-403.

³ Texas Department of Health School Health Program. (2001, January). *The Texas school health bulletin*.

⁴ Centers for Disease Control and Prevention (2010). *Head lice information for schools*. Retrieved from <http://www.cdc.gov/parasites/lice/head/index.html>

⁵ National Association of School Nurses. (2011). *Position statement on pediculosis management in the school setting*.



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II. WHAT IS PEDICULOSIS

An adult head louse is usually tan to greyish white in color, is about the size of a sesame seed, lives in human hair and must feed on human blood to live. The mature female lives up to three to four weeks and can lay 10 eggs (nits) per day. These eggs which are attached to the hair shaft hatch in about 7-12 days and take about 9-12 days to mature into adults to start laying eggs and thus the cycle continues and repeats about every three weeks. Nits that contain the live nymph stage of the louse are a darker color and usually are located within a fourth of an inch away from the scalp often located in the nape of the neck and around the ears. After the eggs hatch the shells (casings) of the egg still remain attached to the hair shaft, but appear as a lighter beige or white in color and are no longer viable and are now further away from the scalp. Head lice cannot fly, hop or jump; they must crawl from one person to another. Head lice usually survive for less than a day away from a human scalp and their eggs cannot hatch at a temperature lower than that near the scalp. When transmission occurs, it is generally found among younger-age children with increased head to head contact such as may happen at camps, sleepovers or in cases of shared beds and pillows at home⁶. Indirect spread through contact with personal belongings of an infected individual (combs, brushes, hats) is much less likely but may occur rarely.

The presence of head lice is most often detected through the presence of adult lice or the nits (eggs). Pruritus or itching is a most common symptom of lice infestation. Other symptoms include a tickling feeling or sensation of something moving in the hair, irritability or sleeplessness, and sores caused by scratching. These sores can sometimes become infected from the normal bacteria found on the skin and hands.

It is probably impossible to prevent all head lice infestations. Children at home and in sleep-overs come into contact with each other frequently. It is prudent for children to be taught not to share personal items such as combs, brushes, hats. Adults should be aware of the signs and symptoms of head lice and should make a routine check of their child's scalp every week to two weeks to check for the presence of any nits or live lice. It is important not to confuse the nits with dandruff, hair casts or other hair debris. Treatment should never be initiated unless there is a clear diagnosis of head lice. A parent should notify the school nurse if nits or live lice are discovered so that guidance and information can be provided regarding the treatment that is needed.

III. PROCEDURE

1. When a parent or teacher informs the school nurse that they suspect a student has head lice, the nurse (or health aide) will screen the student.
2. The nurse (or health aide) will use wooden applicator sticks to examine a student's head, using a clean applicator. The minimum areas to check will include the nape of neck, behind the ears at hairline, forehead at hairline, and between the ear and back of neck. It is recommended that all hair accessories (barrettes, pony tails, etc.) be removed in order for the hair to be examined properly.
3. If, upon examination, the nurse finds live lice and/or nits in close proximity to the scalp, the nurse will contact the parent and inform them that the student is expected to be appropriately treated for head lice. The parent will be advised to contact their physician or pharmacist for approved head lice products. The student will be allowed to remain in the classroom until the end of the school day to allow maximum time on instruction. Research does not support immediate exclusion upon the identification of the presence of live lice or nits as an effective means of



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controlling pediculosis transmission. However; it is permissible if the parent wishes to pick up their student early from school to initiate treatment. If the school nurse is not present when a suspected case is reported, the student may be screened upon the nurse's return to the school.

4. When the student with an active case of head lice returns to the classroom following the screening/examination, the nurse will instruct the student regarding steps to take to prevent head lice transmission (i.e. avoiding head to head contact, storing possessions separately, refraining from sharing grooming articles or playing with hair, etc.). By the time a child with active head lice infestation is identified, he or she may have had the infestation for one month or more and therefore poses little additional risk of transmission to others.⁶
5. The school nurse will provide information for appropriate treatment to the parent as soon as practicable, but not later than 48 hours after becoming aware of the issue and encourage the parent to treat the child the same day.
6. Any siblings of the affected student that attend an RISD school should be screened as transmission mainly occurs in environments with very close head to head contact. The other students in the classroom will not be screened. The American Academy of Pediatrics (AAP) recommends that classroom or school-wide screenings should be strongly discouraged due to the lack of evidence of efficacy and instead suggests that schools help to educate parents in diagnosing and managing head lice^{2,6}.
7. In the elementary setting, parents of students in the affected student's classroom will receive notification (written or electronic) of a pediculosis case in the classroom within 5 school days of identification of the case. Notification will not identify the affected student but will provide recommendations for treatment and prevention of lice by the Centers for Disease Control and Prevention.
8. Upon the student(s) return to school, the nurse may rescreen the student for signs of live head lice. If live lice are detected, the student will return to the classroom until the end of the day and the parent will be informed that the student needs to be treated again with a lice killing product following the package instructions. The parent is encouraged to contact a health care provider for treatment.
9. If a chronic, untreated infestation persists, the school nurse will notify the school administrator; students may be sent home for treatment at the discretion of the school administrator.
10. Information regarding pediculosis management will be available on the District web site under Health Services. This information will encourage our parents to monitor their children for head lice on a regular basis.

IV. PREVENTION STRATEGIES FOR THE CLASSROOM

1. Coat Hooks/Hangers
 - a. The children's possessions will be stored in individual cubbies, lockers or individual plastic bags.

⁶ Price, J.H., Burkhart, C.N., Burkhart, C.G., & Islam, R. (1999). School Nurses' perceptions of and experiences with head lice, *Journal of School Health*, 69, 153-158.



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- b. It is recommended that coats be hung separately. If there is a documented case of head lice in the classroom, the students should hang up their coats either on the back of their chairs or on every other hook.
 - c. The children should be taught to place hats, scarves, and gloves in the sleeves of their coats/jackets.
 2. Hats/Headgear
 - a. The children should be taught not to share headgear (hats, caps, helmets, etc.).
 - b. Although the CDC reports that spread through inanimate objects is very uncommon due to the inability of a louse to attach to a smooth surface.⁴ Headphones may be cleaned with an electronic-safe cleaner after use in the computer lab when there has been a case of head lice in the classroom. Caution should be used to ensure the safe use and storage of the cleaner.
 3. Dress-up Costumes
 - a. The children should be taught not to share clothing.
 - b. If there is a case of head lice in the classroom, dress up should not be a part of the curriculum for two weeks. The clothes must be bagged for two weeks or put in a dryer on high heat for 30 minutes after use to prevent the spread of lice.
 4. Fabric pillows, Towels and Resting Mats
 - a. If there is a case of head lice in the classroom, pillows and resting mats will be put in a dryer on high heat for 30 minutes or stored in plastic bags for two weeks. Remember that lice are seeking another host, not a hiding place.
 - b. Towels and other clothing brought from home will be stored in separate containers or cubbies and sent home at the end of each week for washing.
 5. Carpets and Upholstered Furniture
 - a. Carpeted areas and upholstered furniture should be vacuumed as frequently as possible.
 - b. If there is a documented case of head lice in the classroom, it is suggested that the upholstered furniture should be considered off-limits for a two week period.
 6. Personal Grooming Articles
 - a. Combs, brushes, hair bands, and/or hair clips should not be shared among students. If there is a documented case of head lice in the classroom, the students should refrain from combing, brushing, braiding or playing with each other's hair.
 - b. Individual disposable combs could be used on picture day (if combs are to be used by the photographer). It is recommended that each student uses his/her own comb.

V. TRAINING FOR PEDICULOSIS CONTROL

1. The Pediculosis Guidelines, including strategies to prevent the spread of lice will be available to RISD administrators, staff and parents. If there is a case of head lice in the classroom, the nurse will provide the teacher with the classroom pediculosis checklist and educate the teacher and students on prevention strategies as needed.
2. A RISD Pediculosis PowerPoint presentation will be available to be used as needed by a campus.
3. In the event of a pediculosis infestation, the nurse will provide the parent with the RISD pediculosis treatment educational materials. Other materials available from NASN and DSHS are also available and may be provided as needed.