

LICE HAPPENS!

Description

Head lice (*Pediculosis capitis*) are parasitic insects that live only on human hosts. They hatch from small eggs called nits, which attach at the base of the hair shaft. The nits hatch in about ten days and reach maturity in about two weeks. An adult louse is about the size of a sesame seed and is grayish-white to tan in color. The louse needs to feed on blood several times per day and will die within 1-2 days off the host (CDC, 2010).

Mode of Transmission

Head lice are spread most commonly by direct head-to-head contact with an infected person. There is a chance of spreading lice through sharing of items such as brushes, hats, and pillows. Lice cannot jump, fly, crawl long distances or swim so must be transported on an implement or by close contact.

Symptomatology

Most children with head lice are symptom-free. Itching and scratching are the most common indicators of a possible head lice infestation.

Physical Findings

Head lice infestation is confirmed by inspecting the scalp and hair for the presence of nits, nymphs, or live adult lice. Common areas to find a live louse include around the ears and the nape of the neck. If upon initial screening nits are identified with no live lice, the child may need to have a follow up screening. If the child has more than 5 nits within $\frac{1}{4}$ " in scalp they should have a follow up screening in 3-4 days. (Williams et al. 2001). If the nits are located further than 1/4 inch from the scalp they are most likely non-viable nits or empty "egg" casings (CDC 2010). School wide "head checks" are not strongly suggested or advised to be part of common school practice (Andresen, McCarthy. 2009).

Treatment and Prevention:

The Center for Disease Control and Prevention recommends the use of FDA approved pediculicides, available over the counter, for treatment of live head lice. If live lice are visible after a full course of treatment it is recommended that the student should follow up with their health care provider (CDC, 2010). Using a fine tooth comb to remove nits should be used in conjunction with pediculicide treatment.

After an identified lice outbreak simple measures can be taken to control the school and home environment. All clothing and personal items such as hats, pillows and sheets that the infected person was in contact with up to 2 days before diagnosis should be laundered on the hot cycle and dried on hot. Those items that are not machine washable can be sealed in an air tight container for 2 weeks before using again. Combs and brushes should be soaked in hot water (130 degrees F) for 5 to 10 minutes. Vacuuming of the floor where the infected person may have laid or sat is also recommended (CDC. 2010).

Returning to the Classroom

After a child has started treatment for head lice they are to be allowed in the classroom. The school nurse or other trained staff member may provide follow up head checks as needed. If a student has a chronic infestation the school nurse should be notified to follow up with student and family.

No-lice policy verses "no-nit" policy.

In the past many schools have practiced a "no-nit" policy, which would send students home who had any nits present on their head. Studies suggest that this "zero tolerance" practice caused an average of 20 missed days per student with an infestation (Frankowski, et.al, 2010). The American Academy of Pediatrics, the National Association of School Nurses, and the Centers for Disease Control and Prevention oppose the no-nit policy and encourage schools to adopt no lice policies (CA Dept of Public Health, 2009).

Role of the School Nurse

From School Nursing: A Comprehensive Text:

"The school nurse is in a position to be a student advocate and healthcare expert. *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.* (National Association of School Nurses {NASN}, 2004).

NASN's position statement on pediculosis states 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 reinfestation is appropriate. "

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