

## GUIDELINES FOR MANAGEMENT OF HEADLICE

### PLSD HEALTH SERVICES



#### **Identification**

Lice screening is initiated upon request of the student, the student's parent or staff member. Measures to protect student/family confidentiality are taken, such as not singling a student out during a class screening or by screening individual students in private. Once a screening has been requested, it may take place immediately or at the discretion of the nursing staff based on the facts of the individual case. It is not necessary to exclude a student from classroom participation pending a head check. This updated protocol is based on the fact that the transmission of lice requires direct head to head contact. Furthermore, information on the life cycle of head lice proves that they are likely present for 3-4 weeks prior to detection.

#### **Screening and Case Confirmation**

Screening requires a thorough examination of the hair and scalp. Live lice are often difficult to visualize as they are initially very tiny, move quickly and hide well. Nits (teardrop shaped eggs) are cemented to the hair shaft, cannot be easily removed and are most likely located at the nape of the neck and behind the ears. Because nits cannot hatch without the heat generated by the human scalp, only those nits within 1/2 inch of the scalp are potentially viable. Nits farther than 1/2-inch of the scalp are harmless due to their inability to hatch into live bugs.

Screening includes examination of the entire head. Small sections of hair are examined individually in a well-lit setting. Care must be taken not to identify flaking skin, dried hair products or other foreign matter as nits or lice. Itching of the scalp alone does not indicate a case of head lice. The method of examination is not standardized; however, the use of a disposable tool may be helpful to some. It is important to note that transmission of lice by the hands of an examiner has never been documented.

## **Nursing Response to Identification of Lice or Nits**

### Summary of Expected Outcome

Any student with live lice should be treated and needs to be examined after treatment to verify its effectiveness. Parents of students having viable nits but no live bugs need to confirm that the child was recently treated. If treatment was not conducted within the past 10 days, it is recommended that an additional treatment be given.

### Recommended Responses

Upon identification of an active case of head lice (live bugs, viable nits) the nurse will notify the parent/guardian (either verbally or in writing) of the infestation and will provide information regarding the biology of head lice and methods to eliminate infestations. The nurse will assess each individual case for the level of communicability, factoring in the likelihood of head to head contact or likelihood of transmission to determine when the student will be sent home, whether it be immediately or at the end of the school day. Additionally, the nurse educates students, parents and staff about head lice and prevention of re-infestation. After a student is treated, the nurse verifies the effectiveness of treatment and follows up as needed. Live bugs must be absent from the hair and scalp for treatment to be considered effective. Removal of all nits is recommended but not required. The method of verification of treatment will be at the discretion of the nursing staff. The nurse will examine the hair and scalp of any treated student. Students who have not been effectively treated (live lice or an increase in nits) will be required to be treated again.