

PEDICULOSIS (HEAD LICE) PREVENTION AND TREATMENT PROCEDURES

Policy: Identification & management of students with untreated episodes of head lice.

Purpose:

1. To educate parents, students, and school staff about lice
2. To facilitate the eradication of lice in individual students
3. To help control the spread of lice in schools

Procedures:

1. The Public Health Nurse (PHN) and principal will plan lice education programs, as needed, throughout the school year for PTA, faculty and staff.
2. The PHNs and supervisors will, as needed,
 - Train the School Health Aides (SHA)
 - Consult with the SHAs and other staff
 - Communicate with parents.
3. The SHA or PHN is responsible for checking individual students
 - that come to the clinic with signs or symptoms of lice
 - upon return to school after treatment
4. The SHA is responsible for screening of groups of students (e.g classrooms):
 - In which **2** or more students have been found to have lice in a **4 week** period or
 - When there is one confirmed child with lice but, in consultation with the supervisor and/or PHN, it is determined prudent to screen the whole group
5. When doing group or classroom screenings:
 - Ensure confidentiality of the students' screening results.
 - Inform the teacher that you will be examining **all** the children.
 - Do **not** remove a child from the group if head lice are found.
 - Call parents from the clinic to pick up and treat student. (If, rarely, a child must wait in the clinic due to an overwhelming infestation, ensure the confidentiality of the student's diagnosis.)
6. When examining students: Examine head in a well lighted area. Lice avoid the area being examined and are difficult to find in a mild infestation. Pay particular attention to the scalp behind the ears, nape of neck and crown of head for evidence of lice infestation. Look for nits attached to the hair shaft close to the scalp. **There is no danger of spreading lice from one child to another through inspection.**
7. If nits and/or lice are seen on the scalp of a student during a group screening or individual exam, call the parents of the affected student:
 - **Ask them to pick up their child that day.**
 - **Tell them that their child may return immediately after 1st application of the product used**
 - If , when calling the parent, you discover that the child has been treated recently, find out when the treatment was applied

- i. If within the past 7-10 days and **only nits** are seen, remind parent to reapply the treatment on day 9
 - ii. If **live lice** are seen, let the parent know that the child must be **retreated**, review treatment procedures, and recheck the child upon return to school
 - When the parent arrives, the appearance and location of lice/nits on the student's head should be demonstrated. This serves three purposes:
 - i. It demonstrates that the child has an infestation
 - ii. It is an opportunity to show parents how to remove nits
 - iii. It teaches the parent how to examine other family members
 1. Remind parents to check all siblings and other household members
 - Parents should be instructed/reminded to remove nits for the following reasons:
 - i. Nits can be confused with dandruff and hair debris.
 - ii. The presence of nits may lead to unnecessary treatments.
 - iii. There is a small chance that some nits will hatch after the first application
8. Each time parents are picking up children that need treatment, give them:
 - Head Lice Treatment Instructions III-5 09B
 - Form Head Lice Return to School III-5 09C
9. Record on the Clinic Service Log:
 - The number of students screened in groups
 - The number of individual students screened in the clinic
 - The total number of lice cases = those identified in group screenings + the individual cases seen in the clinic
10. If parents need assistance to purchase lice treatment products, contact PHN or supervisor.
11. Letters to parents:
 - When a classroom or group is screened, send parents of children in that group the Head Lice Alert Letter to Parents III-5 09D
 - When more than one classroom or group is screened in a **4 week** period, send parents in the entire school the alert letter
12. **Follow-up** –
 - A child may return to school immediately after treatment for head lice. That child should be examined by the Aide or PHN in the clinic before return to class:
 - i. If no live lice are present, the child may return to class.
 - ii. If live lice are present, the product may not have been applied properly.
 1. Call parent to review application techniques carefully. If the child needs another application, the child may return to class after the new application and a recheck by clinic staff. The child will need another application of shampoo or lotion on day 9 after the first appropriate application of the product.
 - iii. Some improper applications of treatment include:
 1. Use of shampoo as a crème rinse or of crème rinse as shampoo
 2. Using a shampoo w/conditioner before applying crème rinse
 3. Not leaving shampoo or crème rinse on long enough
 4. Shampooing the hair too soon after use of crème rinse

- Parent should be instructed to reapply the same product (when using the pyrethrin crème rinse or permethrin shampoo) on day 9, **even if no retreatment is recommended on the product label, in order to kill any nits that may have hatched. Although 1% permethrin (Nix) crème rinse does not require a second treatment, a second application is now appropriate. The latest recommendation by the American Academy of Pediatrics is to reapply the product on day 9 when using either the 1% permethrin crème rinse or the pyrethrin shampoo (Rid).**
 - PHN should always ensure that parents understand how to use the medication.
 - PHN should remind parent to check all members of the household and to treat at the same time any members with signs of lice.
 - If the child has been properly treated (1 treatment for RID and NIX= application on day 1 and reapplication about day 9) but still has lice, **refer** to PMD for recommendations.
13. For children who have had 2 or more treatments (1 adequate treatment = 2 adequate applications) in a 2 to 3 month period, **refer** to child's health provider for recommendations about further treatment.
 14. PHNs and SHAs are encouraged to create a system for tracking individual episodes of head lice. It is optional to use the one in the SH forms drawer.
 15. For schools with an unusual number of cases (determined by PHN + supervisor), Community Health Protection staff and the principal will be notified in order to give input into the management plan.
 16. Decisions about reporting, home visiting and the plan of care are made with supervisor.
 17. At any point in management, the parent may consult with the child's PMD.