Tyrone Area School District

Guidelines for a School Based Program for the Control of Lice Infestation

INTRODUCTION:

The history of pediculosis dates back to the earliest of biblical times. While head lice infection is not a public health problem in terms of transmission of disease, it is certainly a nuisance problem for schools and families. Few conditions seem to cause as much concern and anxiety in schools and homes as an infestation of lice in the hair of children. Head lice are considered almost analogous with filth, but in reality these insects do not discriminate according to social class or level of personal hygiene. Of course, the risk of infestation increases with any factor that brings a person into direct contact with an infested individual and his or her personal belongings.

Epidemiological studies support the following:

- 1. Head lice are not a health hazard and are not responsible for the spread of any disease.
- 2. Head lice are the causes of much embarrassment and misunderstanding.
- 3. Many unnecessary days of school are lost. Absenteeism is directly related to poor academic achievement.
- 4. According to No Child Left Behind, schools are required to maintain a 95% attendance rate. In an attempt to help attain this goal of improved attendance, the Tyrone Area School District nurses have reviewed and revised the pediculosis policy, as absenteeism is directly related to poor achievement, and exclusion due to pediculosis may lead to excessive absenteeism.

Morphology of the Head Louse:

Lice are parasites of the human host. There are three types of lice which infest humans: Pediculosis Humanus Capitis (head lice), Pediculosis Humanus Corporis (body lice), and Phthirus Pubis (crab or public lice). Head lice are the ones we are most concerned about in the school setting.

Lice are not physically able to hop, leap, or fly from victim to victim. Adult lice and newly hatched nymphs swing from hair shaft to hair shaft rapidly as long as they have a rough surface on which to travel. Lice live their lives as external human parasites. They do not survive for more than a few days away from the source of food. A temperature of 125 degrees Fahrenheit for five minutes is lethal to adult lice and eggs.

The life span of an adult louse is approximately one month. Adult female lice can lay eggs at a rate of 8-10 per day, producing large populations of lice within three to four months. Eggs hatch in 7-10 days and require another week or two to mature. The louse hatches and the nit (empty shell) is left behind.

Legal Basis for Control of Head Lice:

Title 28, Health and Safety, Chapter 27., Communicable and Non-Communicable Diseases, Sections 27.71 (11), 27.72, 27.73 are the legal basis for excluding and readmitting children to school in relation to pediculosis. 27.71 (11) specifically relates to head lice and provides for exclusion of students from school (public, private, parochial, Sunday, or other school or college or preschool) who have been diagnosed by a physician or are suspected of having pediculosis by the school nurse. As per Pennsylvania school code 27.71 (11) the student shall be allowed to return to either the school, childcare or other group setting immediately after first treatment. Readmission to class shall be contingent upon reexamination by the school nurse.

*Please note the American Academy of Pediatrics and the National Association of School Nurses discourage "No Nit policies" because no child should miss unnecessary school due to head lice.

Screening Criteria:

- 1. The need for head lice screening will be determined and performed by the health personnel only.
- 2. Based on the nurse's discretion individual head lice checks will be performed in the health room. A student found to have head lice must be treated in a professional, and confidential manner as not to embarrass or exclude them.
- 3. In the event that 5 or more cases in the same classroom are found within a 48 hour period to have head lice, the nurse will then perform a classroom head check.
- 4. According to the American Academy of Pediatrics, school wide head lice screening programs have not been proven to have a significant effect on the incidence of head lice in the school setting over time, and are not cost effective. Therefore school wide screenings will be substituted with individual head checks of suspected and reported cases of head lice.

Exclusion:

If a child is assessed as having active head lice, all attempts will be made to notify the parents or guardians and the child will be sent home. This will be done within a reasonable amount of time as determined by the health professional. If the parent or guardian is unable to be reached, the child will remain in the classroom until contact is made by the health professional.