

Best Practice Information on the Management of Pediculosis (Head Lice)

At the beginning of the 2013-2014 school year, the Maynard school nurses have changed the procedure for handling head lice cases (either discovered in school or reported to) in order to be in alignment with up-to-date research and recommendations by the National Association of School Nurses (NASN)* and the American Academy of Pediatrics (AAP)*. Both the Superintendent and Maynard School Committee are aware of these changes and are supportive.

In essence, we no longer conduct whole classroom screenings or send home notices. The reasons are many.

- Routine classroom or group screening has not had a significant effect on the overall incidence of head lice in the school setting over time and therefore is considered to have no merit (Frankowski & Bocchini, 2010).
- Whole class screenings result in needless missed instructional hours.
- Confidentiality of an infested student is difficult to protect when notification letters are sent home. Kids are bright enough to “figure out” who the effected student is, especially if he or she is dismissed shortly after discovery.
- Head lice is an emotionally charged issue that can create undue anxiety among students, staff, and parents as well as convey a negative social stigma and embarrassment to the child.

When a child is discovered with lice in school parents are given the option of either dismissing the child early to begin treatment or having them finish the school day. Students are not automatically excluded from school for either live lice or nits. Instead, the decision is at the discretion of the parents in consultation with the school nurse and her findings. In most cases, the child has already been in school with lice for *several* days or weeks. Again, we are trying to preserve important instructional time with the emphasis being on keeping students in school. The nurses are willing to guide parents with treatment issues on a case-by-case basis. We recommend consulting with the child’s pediatrician and have information available on chemical and non-chemical treatments.

In summary, as with many health issues, how we approach a protocol or procedure often changes over time due to evidence based research. Although difficult for some to accept, head lice is not a public health or school health issue.

- * <http://www.nasn.org/Portals/0/positions/2011pspediculosis.pdf>
- * <http://pediatrics.aappublications.org/content/110/3/638.full.pdf> (see Management on the Day of Diagnosis and Summary of Key Points – items 5 and 7)
- Frankowski, B.L., & Bocchini, J.A. (2010). Clinical Report-Head Lice. *Pediatrics*. 126(2) 392-403.