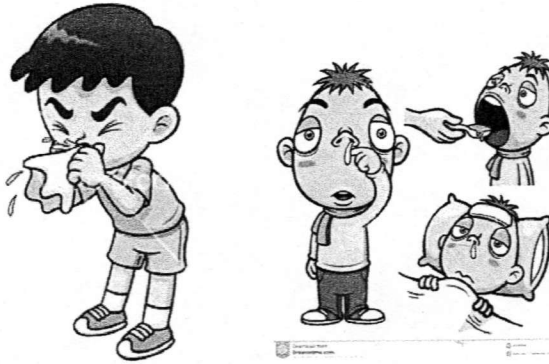


Notes from Maury Health Suite



Greetings Maury Parents! Here are a few health updates/reminders:

1. Strep Throat: We have had quite a few reports of Strep from parents. If your student is complaining of headache, sore throat, cough, fatigue, and or stomach ache with or without fever, please have them evaluated. If tested for Strep, please request a copy of results and turn in to Nurse Gibson. The Health suite is through Children's National and monitored by DOH, so when there is a suspected outbreak of a communicable disease we are supposed to report and they will assist us with getting it under control. This is spread through aerosolized particles through coughing or sneezing; or touching contaminated surfaces. We are encouraging students regarding good handwashing, and coughing or sneezing into there elbows.
2. Pink Eye/Flu/Ringworm: These are a few other communicable diseases that we have had a few cases of. If your child is suspected or has been diagnosed, please ask for the results and bring into the health suite.
3. Lice: One of the things parents hate is to receive that call stating that their child has lice. Although not considered a contagious, communicable disease, it is a nuisance! Attached you will find Best Practices regarding intervention, prevention and treatment. At this time, parents are normally informed by classroom teachers if there has been someone identified as having lice in the class. The protocol from the Nurses office is to notify the parent and have the student put their hair up. We will also check siblings as well as other students that are close to them. This IS NOT a reason for them to go home, but I always look at the serverity of discomfort to student and leave that decision to the parent. After the student has been treated, the parent just needs to bring in a note stating so. Please, if you have any questions regarding the spread in your particular class, please contact the teacher or the nurse, as we are trying to promote empathy within the student body in regard any health issue. When the parents ask their child who has it, it encourages an unhealthy conversation that sometimes spreads into the classroom. Other things to keep in mind:
 - a. Check children's hair on a regular basis.
 - b. Encourage students not to touch heads together.
 - c. Read enclosed literature.



Thank you and I hope this helps!

Nurse Gibson

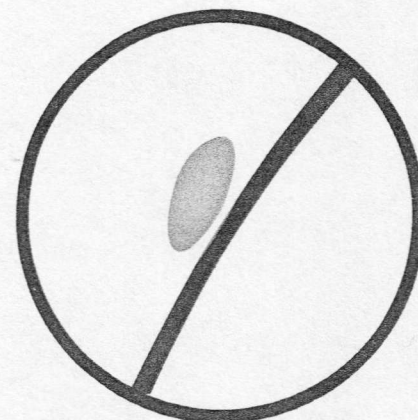
Overview

Head lice are a common community problem. An estimated 6 to 12 million infestations occur each year in the United States, most commonly among children ages 3 to 11 years old. Children attending preschool or elementary school, and those who live with them, are the most commonly affected.¹

Head lice are not dangerous.¹ They do not transmit disease, but they do spread easily, making it a community issue.¹ Additionally, despite what you might have heard, head lice often infest people with good hygiene and grooming habits.^{2,3} Your family, friends or community may experience head lice. It's important to know some basics, including how to recognize symptoms and what to do if faced with an infestation.

What Are Head Lice?

Head lice are tiny, wingless insects that live close to the human scalp. They feed on human blood.¹ An adult louse is the size of a sesame seed. Baby lice, or nymphs, are even smaller. Nits are the tiny, teardrop-shaped lice eggs. They attach to the hair shaft, often found around the nape of the neck or the ears. Nits can look similar to dandruff, but cannot be easily removed or brushed off.¹



NIT

Fast Facts

- An estimated 6 to 12 million infestations occur each year among U.S. children 3 to 11 years of age¹
- Head lice often infest people with good hygiene^{2,3}
- Head lice move by crawling; they cannot jump or fly¹
- Head lice do not transmit disease, but they do spread easily¹
- If you or your child exhibits signs of an infestation, it is important to talk to your doctor to learn about treatment options

How Are Head Lice Spread?

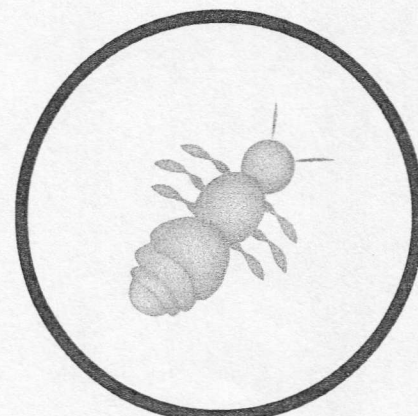
- Head lice move by crawling and cannot jump or fly.¹
- Head lice are mostly spread by direct head-to-head contact – for example, during play at home or school, slumber parties, sports activities or camp.¹
- It is possible, but not common, to spread head lice by contact with items that have been in contact with a person with head lice, such as clothing, hats, scarves or coats, or other personal items, such as combs, brushes or towels.¹
- Head lice transmission can occur at home, school or in the community.¹

What Are the Signs & Symptoms of Infestation?

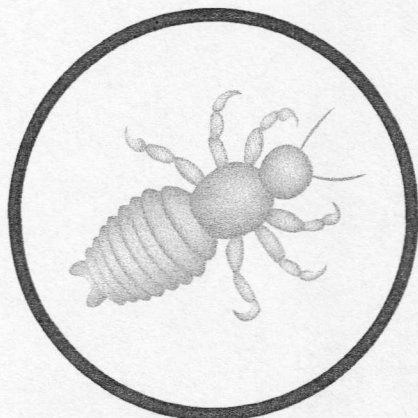
Signs and symptoms of infestation include¹:

- **Tickling** feeling on the scalp or in the hair
- **Itching** (caused by the bites of the louse)
- **Irritability** and difficulty sleeping (lice are more active in the dark)
- **Sores on the head** (caused by scratching, which can sometimes become infected)

Finding a live nymph or adult louse on the scalp or in the hair is an indication of an active infestation. They are most commonly found behind the ears and near the neckline at the back of the head.⁴



Nymph



Full-Grown Louse

What If My Child Gets Head Lice?

If you suspect your child might have head lice, it's important to talk to a school nurse, pediatrician or family physician to get appropriate care. There are a number of available treatments, including new prescription treatment options that are safe and do not require nit combing. Other things to consider in selecting and starting treatment include:

- Follow treatment instructions. Using extra amounts or multiple applications of the same medication is not recommended, unless directed by healthcare professional.⁵
- Resistance to some over-the-counter head lice treatments has been reported. The prevalence of resistance is not known.^{6,7}
- There is no scientific evidence that home remedies are effective treatments.⁸
- Head lice do not infest the house. However, family bed linens and recently used clothes, hats and towels should be washed in very hot water.⁴
- Personal articles, such as combs, brushes and hair clips, should also be washed in hot soapy water or thrown away if they were exposed to the persons with active head lice infestation.⁴
- All household members and other close contacts should be checked, and those with evidence of an active infestation should also be treated at the same time.⁴

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Myths & Facts About Head Lice

Myth: Only dirty people get head lice.

Fact: Personal hygiene or household or school cleanliness are not factors for infestation. In fact, head lice often infest people with good hygiene and grooming habits.^{2,3}

Myth: Head lice carry diseases.

Fact: Head Lice do not spread diseases.¹

Myth: Head lice can be spread by sharing hairbrushes, hats, clothes and other personal items.

Fact: It is uncommon to spread head lice by contact with clothing or other personal items, such as combs, brushes or hair accessories, that have been in contact with a person with head lice.¹

Myth: Head lice can jump or fly, and can live anywhere.

Fact: Head lice cannot jump or fly, and only move by crawling. It is unlikely to find head lice living on objects like helmets or hats because they have feet that are specifically designed to grasp on to the hair shaft of humans. Additionally, a louse can only live for a few hours off the head.¹

Myth: You can use home remedies like mayonnaise to get rid of head lice.

Fact: There is no scientific evidence that home remedies are effective treatments.⁸ A healthcare provider can discuss appropriate treatment options, including prescription products.

Head Lice Management in the School Setting



National
Association of
School Nurses

Position Statement

SUMMARY

It is the position of the National Association of School Nurses (NASN) that the management of head lice (*Pediculus humanus capitis*) in the school setting should not disrupt the educational process. Leadership provided by the registered professional school nurse (hereinafter referred to as the school nurse) can impact reduction of the stigma associated with head lice by providing accurate health education including anticipatory guidance to the school community and implementing evidence-based strategies for the management of head lice in schools. Evidence-based strategies include abandoning “no-nit” school policies, allowing children to remain in class and participate in school-sponsored activities when live lice or nits (the eggs of head lice) are found on their heads, notifying parents/caregivers at the end of the school day when findings indicate the presence of a head lice infestation, and educating parents/caregivers about evidence-based treatment options.

BACKGROUND

In the United States, head lice infestations are most common among preschool and elementary school-age children and their household members regardless of socioeconomic status and hygienic living conditions (Centers for Disease Control and Prevention [CDC], 2013a). According to research head lice infestations predominantly affect the age group of 3-11 years (Frankowski & Bocchini, 2010), with an estimated 6 million to 12 million cases annually (CDC, 2013a). A 2004 study estimated annual direct and indirect costs associated with head lice infestations and recent treatment costs at \$1 billion (Hansen & O’Hayer, 2004). “No-nit” policies that require a child to be free of nits before he or she can return to school lack evidence of being effective, result in unnecessary absenteeism, and may violate affected children’s civil liberties (Pontius, 2014; CDC, 2013a). Unnecessary absenteeism leads to missed learning opportunities for the student and potentially lost family wages due to loss of parent/guardian workdays (Pontius, 2014).

Head lice are not known to cause disease; however, secondary bacterial infection of the skin resulting from contaminated scratching and related lesions can occur. Research has shown that the survival of head lice when not on the head is usually less than one day, and the eggs can only hatch when incubated by body heat found near the scalp (Devore et al., 2015; CDC, 2013c). Transmission occurs primarily through head-to-head contact and infrequently through indirect contact with shared personal belongings.

Even with this knowledge, the presence of head lice can negatively affect families and schools. For the student and family there can be significant social stigma and caregiver strain (Gordon, 2007). For the school, when evidence-based policies and intervention strategies are not in place, head lice can significantly disrupt the education process (CDC, 2013c; Pontius, 2014).

In the past, many schools with “no nit” policies expended innumerable hours and resources in attempts to eradicate head lice infestations. Studies have shown that control measures such as, mass screenings for nits, have not been shown to have a significant effect on the incidence of head lice in a school community, nor have they shown to be cost-effective (Devore et al., 2015; Meinking & Taplin, 2011; CDC, 2013a). Communication between school personnel and parents/caregivers highlighting cases of head lice (e.g., “head lice outbreak letters”) has been shown to increase community anxiety, increase social stigma causing embarrassment of affected infested students, and puts students’ rights to confidentiality at risk (Gordon, 2007; Pontius, 2014).

Head lice treatment success is variable, adding to confusion and frustration among students, families, and members of the school community. Some children develop persistent head lice, which requires concentrated efforts to address treatment as well as the stress experienced by the child and family (Gordon, 2007). Head lice in some communities have developed resistance to common over-the-counter treatments, resulting in the need for a more individualized approach to management by a healthcare provider (Yoon et al., 2014; Meinking et al., 2002;

Devore et al., 2015). Treatment failures can also result from initial misdiagnosis, non-adherence to a treatment protocol, a new infestation acquired after treatment, or the lack of use of an ovicidal product (Devore et al., 2015; Pontius, 2014; Pollack, Kiszewski, & Spielman, 2000; CDC, 2013b).

RATIONALE

Evidence-based strategies for the management of head lice in the school setting can reduce the incidence of infestations, the social stigma and caregiver strain experienced by students and families, and the negative impact on students' education. The school nurse can provide leadership within the school community to effectively manage head lice by:

- Attaining knowledge and competency that reflect current evidence-based school nursing practice related to the management of head lice (American Nurses Association & National Association of School Nurses [ANA & NASN], 2011).
- Providing accurate health education to the school community focused on dispelling common myths about head lice (e.g., incidence, life cycle of the head louse, mode of transmission, importance of regular surveillance at home, recommended evidence-based treatment options, care of the environment) (ANA & NASN, 2011; Pontius, 2014).
- Advocating and providing rationale for the elimination of mass school screenings for head lice (Devore et al., 2015; CDC, 2013a).
- Educating families about how to assess their children for suspected head lice (Devore et al., 2015).
- Providing privacy when conducting student health assessment for suspected or reported cases of head lice (ANA & NASN, 2011).
- Returning affected students to class or other school sponsored activities with instruction to avoid head-to-head contact (Pontius, 2014). If live lice or nits are found,
 - Eliminating classroom-wide or school-wide family head lice notification.
 - Notifying parents/caregivers at the end of the school day to teach about evidence-based treatment options and steps to follow.
- Advocating for and providing rationale for the abandonment of "no-nit" school policies that require a child to be free of nits before he or she can return to school (Devore et al., 2015; Pontius, 2014).
- Educating parents/caregivers about the chosen evidence-based treatment option, the importance of adherence with the treatment protocol, and the importance of reassessment for recurrence (Devore et al., 2015; Pontius, 2014).

CONCLUSION

The school nurse is the health professional who provides leadership for the school community to implement evidence-based strategies for the management of head lice in the school setting. The role of the school nurse includes the following (Pontius, 2014; Devore et al., 2015; CDC, 2013a):

- Provide accurate health education to the school community about the etiology, transmission, assessment, and treatment of head lice;
- Advocate for school policy that is more caring and less exclusionary (i.e., elimination of the "no-nit" school policies);
- Implement intervention strategies that are student-centered;
- Support the current treatment recommendation of the American Academy of Pediatrics and CDC; and
- Participate in research that evaluates the effectiveness of head lice policies and educational programs.

It is unlikely that all head lice infestations can be prevented. Parents/caregivers will benefit from receiving support from the school nurse about the importance of regular surveillance at home, choosing and adhering to the protocols of evidence-based treatment recommendations, and educating to dispel head lice myths. The education mission of schools will be supported by implementing evidence-based policies and strategies under the guidance of the school nurse. The burden of unnecessary absenteeism to the students, families, and communities far outweighs the perceived risks associated with head lice.

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