

Head Lice Management in Schools

Position Statement

NASN POSITION

It is the position of the National Association of School Nurses (NASN) that the management of head lice (*Pediculus humanus capitis*) infestations in school settings should not disrupt the educational process, including but not limited to the elimination of classroom screening, forced absences from school for nits and/or live lice and broad notification that a case of head lice has been found. As the leader who bridges health care and education, the registered professional school nurse (hereinafter referred to as school nurse) advocates for evidence-based head lice management strategies that eliminate exclusionary practices and promote positive student outcomes, including reduced absenteeism.

BACKGROUND AND RATIONALE

Head lice infestation is a common concern worldwide, with both social and medical implications. In the United States it is estimated that 6-12 million head lice infestations occur in children 3-11 years of age each year. The infestations are most likely to occur in preschool and elementary age students and their household members, regardless of socioeconomic status or geographic region (Centers for Disease Control and Prevention [CDC], 2019, Who Is at Risk section, para. 1).

The cost of treatment in the United States has been estimated to be \$500 million dollars per year (Cummings et al., 2018). A head lice infestation is not a communicable disease and no health risks have been associated with head lice (Pontius, 2014; CDC, 2015, para. 2; CDC, 2019, Do Head Lice Spread Disease section). Current research indicates that families are over- or incorrectly treating pediculosis, which may be a contributing factor in lice resistance (Cummings et al., 2018; Koch et al., 2016). Head lice infestation, including “no live lice” and “no nit” policies, causes unnecessary school absences for students and loss of parent workdays and family wages. Exclusion from school can adversely affect students emotionally, socially and academically (Devore et al., 2015; Pontius, 2014).

Both the American Academy of Pediatrics (AAP) and the CDC advocate for the following practices to be **discontinued**:

- whole classroom screening,
- exclusion for nits or live lice,
- notification to others except for parents/guardians of students with head lice infestations (Devore et al., 2015; CDC, 2015b, para. 3).

Classroom screenings are often inaccurate, not cost-effective, and notification to others may be a breach of confidentiality (Pontius, 2014). Schools **should not** exclude students for active infestation or when nits remain after appropriate lice treatment. School nurses should advocate for evidence-based prevention measures that include assisting parents with identification of lice/nits and teaching students, parents, staff and community effective prevention measures.

Both AAP and CDC assert that treatment should only be initiated when at least one live louse has been identified (Devore et al., 2015; CDC, 2015, para. 3). Since it is likely that a child's infestation has been present for 30 days or more prior to the identification of live lice, the affected child in school poses little risk of transmission to others and should remain in class (Devore et al., 2015). Health care providers and their staff should collaborate with school nurses and families to provide safe, affordable, evidence-based treatment recommendations that ensure effective management of head lice infestations and promotion of regular school attendance (Devore et al., 2015).

Children with nits and live lice continue to be excluded from school by “no nit” and “no live lice” policies due to myths and misinformation. Parent and school staff education and re-education on the topic is the best mechanism to dispel the myths around the transmission of lice (Pontius, 2014). According to the CDC (2015), “The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice” (para. 6). *Improved attendance for children who were formerly excluded along with the decrease in stigmatism of these children and families can positively impact student learning and the school environment.*

NASN recommends school nurses take an active role in the education of parents, students, providers, and school communities to promote proper evidence-based practices in the treatment and management of head lice. These actions include clarifying misinformation about how head lice are transmitted and advocating for a more supportive, less exclusionary approach to head lice management that does not disrupt the educational environment and promotes student attendance and academic success.

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