

Hats Off to Success

Changing Head Lice Policy

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Pediculosis at school is an emotional and contentious issue. Many school nurses do not feel prepared to take on the task of changing long-standing school policy, even in the light of solid evidence to do so. This article explores one school nurse's experience in changing lice policy for her district.

Keywords: pediculosis; policy; lice

Nothing seems more daunting to school nurses than to attempt to change a long-standing policy within a district, even if that policy has no evidence with which to support it. And nothing seems to be more emotionally charged, not even changing human reproductive education policy, than attacking that scratch-invoking topic—LICE. “Parents will never allow it,” “The teachers will be up in arms,” or “It would never pass in my district.” Initially, I was sure the same would occur in my district. But I was wrong.

It is possible to change district pediculosis policy without massive public outcry. As of April 2011, my district pediculosis policy is no longer nit-free, and it allows children with newly discovered live lice or viable nits to remain in school until the end of the school day.

Additionally, the school nurse has the freedom to make the decision about when to exclude a child from school on the basis of criteria such as active parental response or a unique situation warranting exclusion, such as a child who is in preschool, where closer head-to-head contact increases the likelihood

of in-classroom transmission.

I had been contemplating changing my district policy for years, encouraged by the Andresen and McCarthy (2009) article on lice policy change strategy. When I first began my school nursing career, as a new nurse in a district that had never had a school nurse, I continued the nit-free policy established by the community health nurse. As I enforced this policy over the years, even performing (cringe) classroomwide screenings after discovery of just one case of lice, I began questioning not only the policy but the basis for the policy. My research began. In addition to gathering anecdotal evidence in my own district, I queried other districts in my state and found they all had similar policies but were often quietly not enforcing them. In published research, I found a growing body of evidence concluding that not only were nit-free policies meritless, but so was the practice of immediately sending a child home when live lice or nits were discovered. The research supported what I observed in my own practice. When I found a case of lice in the classroom, rarely was another case ever found. And if there was, it was a playmate or family member who spent time with the student outside of school, commonly with sleepovers or sharing of pillows or hair care items. After reviewing past years' data, I could identify only three cases of pediculosis in 10 years for which in-classroom transmission could not be ruled out. Three cases certainly did not merit a child's lost instruction time

from school nor the embarrassment and social consequences of school exclusion. Schools do not send children home with active cases of the common cold, which is clearly transmitted in schools and impacts health and attendance of student. Yet, I was excluding children because of three POSSIBLE cases of in-classroom pediculosis transmission? It was time for a change!

What Does the Evidence Say?

The newly revised NASN (2011) position statement on pediculosis states,

It is the position of the National Association of School Nurses that the management of pediculosis (infestation by head lice) should not disrupt the educational process. No disease is associated with head lice, and in-school transmission is considered to be rare.

Further, when transmission occurs, it is generally found among younger-age children with increased head-to-head contact (Frankowski & Bocchini, 2010). International head lice guidelines for effective control of head lice reinforced that “no-nit” school policies were unjust and should be discontinued as they were based on misinformation rather than objective science (Mumcuoglu et al., 2007). The Centers for Disease Control and Prevention (CDC; 2010) cites the following reasons to discontinue “no-nit” policies in school:

- Many nits are more than a quarter of an inch from the scalp. Such nits are usually not viable and unlikely to hatch to become crawling lice or may

Figure 1. Sample Letter to Parents

All About Lice

The District has recently changed its lice management policy. You may wonder why. This letter is to explain the reasons for this change and help you understand why this does NOT put your child at more risk for getting head lice.

Why Did the District Make a Change?

Pershing County School District lice policy has been changed to reflect standard practice as recommended by the *Center for Disease Control (CDC)*, *American Academy of Pediatrics*, the *National Association of School Nurses*, the *American School Health Association*, the *Harvard School of Public Health*, and many others. They all recommend that students with eggs and/or head lice REMAIN IN SCHOOL and not be immediately excluded. When lice is found on a child at school, that child's parent will, of course, be informed. The school nurse will follow up to make sure the child is treated appropriately. If the student is not treated appropriately, then she or he will not be able to come to school.

Why Would These Medical Organizations Recommend This?

- 1) **Although lice are "icky," they do not cause disease and are not dangerous to the child or others.** It didn't make sense that children with the common cold, which is easily passed from student to student and can make them very sick, are kept in school. But children with lice, who are not sick, and which can only rarely be given to another child in school, and are in no way dangerous, were kept out of school.
- 2) **No matter how careful staff is to protect the privacy of students, when a student leaves a class and does not come back, most students figure out the child has lice.** This can be very embarrassing for the child and the family. In fact, the school usually does not know of most cases of lice because families are too embarrassed to tell us.
- 3) **By the time lice is discovered, the child has usually had them for 3-4 weeks.** They have been in school this whole time, and no one else in school has gotten lice from them. It doesn't make sense to immediately take them out of school as soon as the lice are found.
- 4) **And most important, school is NOT a high risk area for getting lice!** Over the last 10 years multiple studies have proven the school RARELY is the place of lice transmission. The vast majority of cases of lice are spread by friends and family members who often play or live together. In the rare case when spread of head lice has occurred at school, it is among very young children, as in preschool or kindergarten, and likely a result of them playing very close together.

Lice cause an emotional reaction. Old fashioned "no-nit" policies were based on that reaction, not on scientific evidence of how lice were passed. In the last 10 years MULTIPLE studies have proven keeping kids with eggs, or even lice, out of school do NOT reduce the amount of lice. "No-nit policies" are bad for the health, well-being, emotional and educational status of students.

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What WILL the school do if a case of possible lice is reported or found?

- The school nurse will check any student reported to possibly have lice. If active lice or nits (eggs) are found, the parent will be confidentially notified at the end of the school day. The teacher will be informed immediately, and the child will not use any shared headphones, helmets, hats or clothing. The school nurse will provide information to the parents about proper treatment.
- Parents of children with head lice will be encouraged to talk to other parents of close playmates.
- If no lice or nits are found, but the parent or child reports he or she has recently been treated for lice, the child will be checked again in one week.
- Household members and close playmates of the person with lice will also be checked. Parent will be informed if their child has lice. Parents will NOT be informed of other children who have lice in school, as that is a privacy concern AND the risk of getting lice from a classmate is very small.
- Students with lice will be checked when they return to school and one week later to make sure all the lice are gone.
- If the child with lice is very young, the school nurse may choose to check classmates in preschool and kindergarten.
- If a parent does not follow through with the proper treatment, then the child with lice will be excluded from school until proper treatment has been completed.
- Lice are very common. They always exist in children and in schools. No school is ever lice-free, just like no school is free of head colds.

Source: Pershing County School District (http://www.pershing.k12.nv.us/Parents/health_issues/aboutlice.html)

classroom. If no live lice or viable nits, the person may be readmitted to school.

- If ANY nits are found, at the time of either the initial or return check, the person will be rechecked in 1 week or at the discretion of the school nurse after an individualized assessment of the person.
- Persons with nonviable nits will be monitored, *not* be referred for treatment, and may remain at school.
- Siblings and other persons, at the school nurse's discretion, who are felt to be in close contact with a person

with live lice will be inspected for infestation and referred as appropriate.

- The school nurse retains the authorization, at his or her discretion, to exclude a child with repeated infestations of live lice or viable nits or a child with a current active infestation for which there is an apparent lack of adequate follow-through by parents or guardian.

Lobbying for Change

My approach for a major policy change began with a letter to the superintendent

and other board members outlining the reasons for the proposed changes and a request to be on the school board agenda. The letter included attachments of the proposed policy as well as "Lice 101" (Pontius, 2011b; see Table 1), a simple, one-page myth-and-realities document, prior to the meeting. Through provision of these materials in advance, the board was not blindsided with the proposal; they had the evidence and the proposed policy to review prior to the meeting. The policy change proposal was placed on the agenda. During the

presentation to the school board, I utilized the S.C.R.A.T.C.H. PowerPoint (NASN, 2010), available on the NASN website, to present the background. Evidence and research were continually cited as the basis for the proposed change during the meeting, as was the school nurse's role of keeping children in school, healthy and ready to learn whenever possible. In the current climate of required improvement in educational outcomes, boards are under significant pressure to support evidence-based policies, procedures, and programs.

Board members admitted they were uncomfortable with a change in policy, so much so that one board member stopped the presentation in order to describe the intense level of her discomfort. Another member voiced that he could

envision a bunch of screaming parents, if more than one child is found in a classroom with lice. What are those parents going to do to us, to you, and to the school when their perception is that we have allowed this to be passed around? (Herndon, 2011, p. 8)

I countered that the evidence both locally and nationally does not support classroom transmission and that if parents come to the board, I suggested they be referred to me so I can provide them with information to help them understand.

The Results

In the end, though the board members voiced concerns and discomfort, they also admitted that since the evidence is clear and since NASN, AAP, and CDC say that this is what schools should do, they should comply. Thus, the policy was approved unanimously.

Reaction to the change in policy has been unexpectedly minimal, much to my delight.

Our local newspaper article published a large article on the subject that was very well written and focused on the

researched rationale for the change (Herndon, 2011). The elementary school principal did receive several parental complaints, though not one complaint was received directly to my office. I followed up with a parent letter, "All About Lice" (Pontius, 2011a; see Figure 1), explaining the reasons for the change, along with the "Lice 101" information. Both documents were written at the less-than-8th-grade reading level, a health literacy recommendation. To my knowledge, no further parental concerns have been received.

Hence, tiny (650 students) Pershing County School District became the first district in the state to liberalize its pediculosis policy. The chief administrative school nurses in each county school district are now going forward with their change initiatives. It takes work, determination, and willingness to tackle the controversy that accompanies changing a long-standing policy. By arming oneself with evidence-based materials and tools, such as NASN's pediculosis position statement, the S.C.R.A.T.C.H. PowerPoint, and literature from other credible organizations, it can be easier and less contentious than imagined. ■

References

- American Academy of Pediatrics. (2010). *Policy statement: Clinical report head lice*. Retrieved from <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;126/2/392>
- American School Health Association. (2005). *School policies in the management of pediculosis*. Retrieved from <http://www.ashaweb.org/files/public/Resolutions/Pediculosis.pdf>
- Andresen, K., & McCarthy, A. M. (2009). A policy change strategy for head lice management. *Journal of School Nursing, 25*(6), 407-416. doi:10.1177/1059840509347316
- Centers for Disease Control and Prevention. (2010). *Head lice information for schools*. Retrieved from <http://www.cdc.gov/parasites/lice/head/index.html>
- Frankowski, B. L., & Bocchini, J. A. (2010). Clinical report: Head lice. *Pediatrics, 126*(2), 392-403. Retrieved from <http://pediatrics.aappublications.org/cgi/content/abstract/126/2/392>
- Herndon, R. (2011, March 3-9). School board amends lice control policy. *Lovelock Review-Miner, p. 8*.
- Mumcuoglu, K. Y., Barker, S. C., Burgess, I. F., Combescot-Lang, C., Dalgleish, R. C., Larsen, K. S., et al. (2007). International guidelines for effective control of head louse infestations. *Journal of Drugs in Dermatology, 6*(4), 409-414.
- National Association of School Nurses. (2010). *Head lice in children, a real head scratcher*. S.C.R.A.T.C.H. PowerPoint. Retrieved from <http://www.nasn.org/ToolsResources/SCRATCHHeadLiceResources>
- National Association of School Nurses. (2011). *Position statement: Pediculosis in the school setting*. Retrieved from <http://www.nasn.org/Default.aspx?tabid=237>
- National Guideline Clearinghouse. (2008). *Guidelines for the diagnosis and treatment of pediculosis capitis (head lice) in children and adults*. Retrieved from http://www.guideline.gov/summary/summary.aspx?doc_id=12784&nbr=006586&string=pediculosis
- Pollack, R. (2009). *Head lice information*. Statement from Harvard School of Public Health. Retrieved from <http://www.hsph.harvard.edu/headlice.html>
- Pollack R. J., Kiszewski, A. E., & Spielman, A. (2000). Overdiagnosis and consequent mismanagement of head louse infestations in North America. *Pediatric Infectious Disease Journal, 2000*(8), 689-693.
- Pontius, D. (2011a). *All about lice*. Retrieved from http://www.pershing.k12.nv.us/Parents/health_issues/aboutlice.html
- Pontius, D. (2011b). *Lice 101*. Retrieved from http://www.pershing.k12.nv.us/Parents/health_issues/lice101.html

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