

**A Program to Educate Staff, Parents, and Students About Pediculosis**

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*Background Information*

Often times, the thought of head lice provoke a sense of dread and conjures up images of children lined up for classroom “head checks” and assumptions that impoverished people with poor hygiene spread the notorious vermin. Because of this irrational fear of lice, some districts have implemented a “No-Nit” policy barring children with any remnants of a lice infestation from setting foot in school. In fact, research has shown that “No-Nit” policies are ineffective and can be detrimental to a student’s education because of numerous school absences (National Association of School Nurses, 2004).

Head lice, also known as pediculosis capitis, are parasitic insects that infest human head and neck hair (Pollack, 2000). Lice can infest anyone that comes in direct contact with them regardless of that person’s cleanliness, hygiene habits, race, and socio-economic status. Female lice live for three to four weeks and during this time they each will lay approximately ten eggs (also called nits) a day which will hatch in ten to fourteen days when properly incubated by the host’s body temperature (Frankowski, Weiner, the Committee on School Health, and the Committee on Infectious Disease, 2002). Although they are annoying, head lice are harmless and do not transmit infectious disease (Frankowski, et al., 2002). The most common symptom of pediculosis is itching caused by the body’s reaction to the louse’s saliva or feces (Pollack, 2000). Occasionally, a person may lose sleep because of the itching or develop a secondary infection from scratching (Pollack, 2000).

Lice are transmitted through direct head-to-head contact with an infested human being. Contrary to popular belief, lice can not fly, hop, or jump. Occasionally, lice can be transmitted via inanimate objects (such as hats and brushes) that have been in direct contact with an infested person's head, but lice usually die within a day without a human host to feed from (Pollack, 2000).

The presence of nits alone rarely constitutes an infestation. Experts recommend only treating active lice infestations; this means there are visible live lice or viable nits (Pollack, 2000). In fact, the Harvard School of Public Health and the American Academy of Pediatrics advise against the exclusion students with nits or active lice infestations (Frankowski, et al., 2002; Pollack, 2000). Instead of exclusion they recommend that students return to class, restrict direct head contact with other students, receive treatment after school, and then be allowed to return to school the follow day.

### *Policy Goals and Theory*

The National Association of School Nurses (2004) believes the school nurse should advocate for students by educating the school community and dispelling the common misconceptions about lice. This paper will discuss a pediculosis education policy for staff, parents, and students (see Appendix A). This policy's goal is to increase staff, parent, and student knowledge about pediculosis through age-appropriate presentations about the prevalence, signs & symptoms, transmission, prevention, and treatment of head lice. Those in attendance will also learn about current pediculosis research findings and the school's policy on allowing children to remain in class despite the presence of nits or active lice. The theory behind the presentations is that the school nurse will dispel the myths and social stigma surrounding lice through factual, evidence-

based data. Also, the nurse will educate and empower staff, parents, and students with information on the prevention and the safe treatment of lice. The nurse will further supplement the presentation with informational handouts and brochures, posting additional information on the school health website, and by encouraging staff, parents, and students to follow-up with the nurse if they have additional questions or concerns.

#### *Research Question*

Did staff, parents, and students understanding of lice increase as a result of the pediculosis education policy?

#### *Research Design, Outcome, and Evaluation*

The desired outcome of the program is to increase staff, parent, and students' understanding of lice. The program's efficacy will be evaluated by using a Pre-Test/Post-Test examination that is to be completed by those who attend the presentations. The program's format and/or content will be adjusted as needed based on the results of the testing.

#### *Recommendations*

Staff will be informed that testing is voluntary and the results will be kept confidential. Possible barriers to the pediculosis education policy include lack of interest or attendance. Also, barriers may result from time constraints related to other nursing responsibilities or limited class time devoted to the presentation because of required curriculum dictated by district or state mandates. The nurse can help diminish these barriers by involving the school's administration, publicizing the training through fliers, emails, bulletin boards, and through other district-approved means of advertisement. The

nurse may also need to offer the presentation at various times in order to accommodate the schedules of staff, parents, and students.

## References

- Frankowski, B. L., Weiner, L. B., the Committee on School Health, and the Committee on Infectious Diseases. (2002). *Head lice*. Retrieved July 5, 2006, from <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;110/3/638.pdf>
- National Association of School Nurses. (2004). *Position statement: Pediculosis in the school community*. Retrieved July 6, 2006, from <http://www.nasn.org/Default.aspx?tabid=237>
- Pollack, R. J. (2000). *Head lice: Information and frequently asked questions*. Retrieved July 5, 2006, from <http://www.hsph.harvard.edu/headlice.html>

Appendix A

