



<b>POLICY AND PROCEDURE</b>	
SUBJECT/TITLE:	Lice Protocol
APPLICABILITY:	Public Health Nurses
CONTACT PERSON & DIVISION:	Diane Thompson, RN, MSN, Director of Nursing
ORIGINAL DATE ADOPTED:	06/01/2016
LATEST EFFECTIVE DATE:	05/21/2018
REVIEW FREQUENCY:	Every Five (5) Years
BOARD APPROVAL DATE:	N/A
REFERENCE NUMBER:	200-007-P

**A. PURPOSE**

The intent of this document is to detail the protocol for completing head lice checks with both Canton City residents and/or Canton City School students.

**B. POLICY**

Head lice, known as Pediculosis, is not a serious contagious disease and is not responsible for the spread of disease. Head lice infest the head and neck and attach their eggs to the base of the hair shaft. Lice move by crawling; they cannot hop or fly. Head lice infestation, or pediculosis, is spread most commonly by close person-to-person contact. Dogs, cats, and other pets do not play a role in the transmission of human lice. The diagnosis of a head lice infestation is best made by finding a live nymph or adult louse on the scalp or hair of a person.

**C. BACKGROUND**

N/A.

**D. GLOSSARY OF TERMS**

Pediculosis – an infestation of the hairy parts of the body or clothing with the eggs, larvae or adults of lice. The crawling stages of this insect feed on human blood, which can result in severe itching. Head lice are usually located on the scalp, crab lice in the pubic area and body lice along seams of clothing. Body lice travel to the skin to feed and return back to the clothing.

**E. PROCEDURES & STANDARD OPERATING GUIDELINES**

Individuals (adults/children) needing checked for lice/nits will need a pre-arranged appointment with the Public Health Nurse (PHN). PHN will provide the client with education and literature on lice during the scheduled office visit. PHN will not pull lice/nits from the hair for the client. PHN will provide the client with documentation regarding results of the head check, if needed. PHN will document the lice visit in the Pediculosis log book found in clinic room five (5). Nurse’s notes will be completed and passed to the territory nurse if the lice checks will be ongoing for the client.

In support of Canton City Schools (CCS)\*, the role of the PHN is to provide support, education, and additional information to families with severe or recurrent lice issues. According to the Centers for Disease Control (CDC), current evidence does not support the efficacy and cost-effectiveness of classroom or school-wide screening for decreasing the incidence of head lice among children. School staff is encouraged to help educate parents about the diagnosis, treatment, and prevention of head lice. “No-nit” policies that require a child to be free of nits before they can return to school are no longer recommended. Children should be permitted to return to school after appropriate treatment is started and no live lice are found. The American Academy of Pediatrics (AAP) supports guidance stating no healthy child should be excluded from or miss school because of head lice, and no-nit policies for return to school should be abandoned. The Health Department will be contacted by the school if



there is no evidence of compliance with treatment, no progress has been made, and the student has missed more than one day. (See CCS Pediculosis Protocol for Managing Head Lice in Schools). The PHN will accompany the CCS nurse on a home visit when there is a severe or recurrent infestation. A home visit will be conducted by the PHN and/or a school nurse in order to gain compliance with such families. The PHN will not pull lice/nits from the hair for the families, but will offer instruction on how to do so. Lice home visits in support of CCS should not be a recurrent situation with families. The nurse will remain available for families to come into the department for lice checks when appointments have been pre-arranged. The PHN will document the lice visit in the Pediculosis log book found in clinic room five (5) and in nurse’s notes.

**F. CITATIONS & REFERENCES**

American Academy of Pediatrics (AAP)

Centers for Disease Control and Prevention (CDC)

**G. CONTRIBUTORS**

The following staff contributed to the authorship of this document:

1. Diane Thompson, RN, MSN, Director of Nursing
2. Jon Elias, MD, Medical Director

**H. APPENDICIES & ATTACHMENTS**

N/A

**I. REFERENCE FORMS**

N/A.

**J. REVISION & REVIEW HISTORY**

Revision Date	Review Date	Author	Notes

**K. APPROVAL**

This document has been approved in accordance with the “800-001-P Standards for Writing and Approving PPSOGFs” procedure as of the effective date listed above.