

Head Lice Screening and Exclusion in Schools: Leeds, Grenville and Lanark District Health Unit Withdrawal of Involvement

Position Statement

The Leeds, Grenville and Lanark District Health Unit will no longer participate in the training of volunteers or development of policies related to the exclusion of children from schools with possible head lice infestations.

Description of Problem/Issue

A review of the evidence has found that screening children for head lice in schools and excluding children upon finding nits in their hair is ineffective in controlling the spread of head lice. Exclusion policies add to the burden of stress already experienced by the child and their family as inequities exist in home environments: access to financial resources, ability to take time from work or school to care for excluded children, and ability to assist child in maintaining school work. Therefore, the Health Unit has made some changes in current practice of policy development and volunteer training.

Background information

The Leeds, Grenville and Lanark District Health Unit has a long history of working with school boards in establishing and carrying out head lice related policies. In the late 1980's, when head lice were no longer considered to be a communicable disease/health hazard, staffing and resources were no longer dedicated to screening and tracking excluded children in schools.

Public Health Nurses then assisted in training volunteers to screen children's heads in an appropriate manner, seeking to maintain the children's privacy and dignity to support schools and parent associations in their efforts to conduct screening and exclusion.

Telephone support to families with questions and concerns has been provided during regular business hours, followed up with paper and web based written resources.

Periodic reviews of the evidence around the screening and treatment of head lice prompted changes in Health Unit involvement in head lice policies in schools.

Supporting evidence

- The definitive diagnosis of head lice infestation requires the detection of a living louse. (1)
- Health care providers and lay personnel frequently over diagnosed and misdiagnosed pediculosis. (1)
- Finding nits close to the scalp is, at best, only a modest predictor of possible active infestation. (1)
- School exclusion due to the detection of the presence of 'nits' does not have sound medical rationale. (1)
- Even the detection of active head lice should not lead to the exclusion of the affected child from school. (1)
- Although having ≥ 5 nits within one fourth inch of the scalp was a risk factor for conversion, most children with nits alone did not become infested. Policies requiring exclusion from school and treatment for all children with nits alone are likely excessive. (2)

Conclusion

Public Health Nurses will continue to provide telephone support and information about head lice identification and removal to parents, caregivers and schools on our 800 line and information is posted on our website in the Babies and Children section at <http://www.healthunit.org/children>. Public Health Nurses will not participate in the training of volunteers or development of policies related to the exclusion of children with possible head lice infestations.

References:

- (1) Canadian Pediatric Society, Head lice infestations: A clinical update, J Paediatr Child Health 2004; 9(9):647-651
- (2) Williams L K, Reichert A, MacKenzie W R, Hightower A W, Blake P A. Lice, nits, and school policy, Pediatrics 2001 May; 107(5):1011-1015