Head Lice

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Are no-nit policies the way to go in New Zealand schools?

Introduction

Headlice is a common worldwide health issue effecting millions of children annually. Headlice has been around for centuries (Pollack, 2000) and to date, there is still no effective method for reducing the spread of headlice in primary schools. I became aware of headlice recently when a seven year old patient was found to have headlice. After successfully treating this, she was reinfested four weeks later from another classmate. This led to me realising the massive impact headlice has in the community and in schools. I found that schools in other countries follow a no-nit policy and I was interested to see whether this policy was effective and should be used in New Zealand schools. From this I was able to formulate a more researchable question using the PICOT model of " In primary school aged children with head lice, how effective are no nit policies in comparison to the child remaining in

Implications

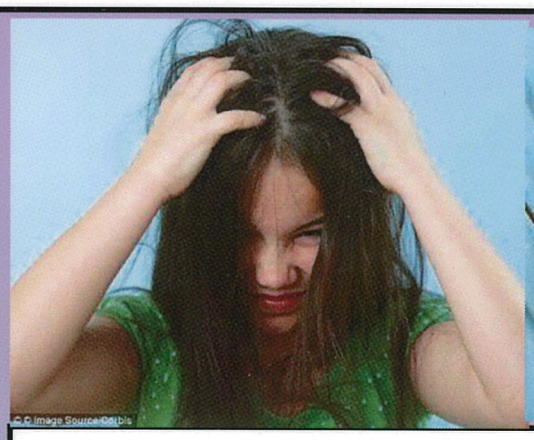
The school nurse is the professional when it come to headlice therefore it is important that the nurse is up-to date with current evidence based practice so they can change school policies. Evidence states that no-nit policies are not supported and nurses can help permanently banish this policy (Pontius, 2014). Research also emphasises that no-nit policies should be discontinued because it disrupts the learning process, causes social stigma and is proven to be ineffective at preventing the

Recommendations

From the literature I reviewed, there is a common agreement that no-nit policies should be abandoned because of the economic burden on parents and schools, the social stigma and embarrassment having headlice has on children and that no evidence based research supports excluding a child from school that has headlice (Pollack, 2000).

The evidence also informs us that school nurses should have more involvement around educating children, parents and teachers with up-to-date, scientific evidence to reduce the spread of headlice but also the social stigma (Frankowski & Bocchini, 2010).

Addressing the social stigma is important as this is usually more detrimental to the child than the lice itself with children being bullied and embarrassed (Scott, Gilmer & Johannessen, 2004). This can be achieved by providing scientific facts that increase parents knowledge and therefore make them aware of true information on headlice (Scisione & Krause-Parello, 2007). Also teachers can educate children on headlice so they understand



Conclusion

In conclusion, no-nit policies are found to be ineffective and are not considered to be best evidence based practice. The findings prominently support children remaining in school due to the huge negative impact no-nit policies can have including embarrassment, costs and missed class time therefore missed learning opportunities (Scisione & Krause-Parello, 2007). For headlice to be reduced in schools, the focus needs to be on more factual education given around headlice, more involvement from the school nurse and the social stigma addressed. I do believe headlice is a huge issue worldwide, therefore more awareness to create evidence based policies will promote a healthy school environ-

References

Frankowski, B.L., Bocchini, J.A. & The Council on School Health and Committee on Infectious Disease. (2010). Clinical Report– Head lice. *American Academy of Pediatrics*, 126(2), 392-403.

Pollack, R.J. (2000). *Headlice Information*. Retrieved from the Harvard School of Public Health website: http://www.hsph.harvard.edu/headlice.html.

Pontius, D.J. (2014). Demystifiying Pediculosis: School Nurses Taking the Lead. Pediatric Nursing, 40(5), 226.

Schoessler, S.Z. (2004). Treating and Managing Head Lice: The School Nurse Perspective. American Journal of Managed Care, 10, 273.

Scisione, P., & Krause-Parello, C.A. (2007). No-Nit Policies in Schools: Time for Change. *The Journal of School Nursing*, 23(1), 13-20.

Scott, P., Gilmer, M.J., & Johannessen, W.M. (2004). The nit rating scale

I have chosen to present my literature review in the form of a poster. I believe that a poster has the ability to express my findings in a more effective and appealing way. A poster presentation is an experiential learning activity that stimulates interest and curiosity, provides a visually appealing way to present information and also encourages exploration and integration of the main concepts (Bracher, Cantrell & Wilkie, 1998). This is what I have aimed to achieve.

A submission is sent to one person in particular whereas a poster is for a bigger audience. My audience is children and parents. I have chosen a poster as it is designed to be visually appealing and presents the most important information in a simple, easy to read manner which is significant as children are known to respond better to visual information that is colourful and appealing (Summer, 2005). This is important in relation to my topic on a current NZ primary health issue on headlice in schools. My findings of my literature review found that no-nit policies are out dated and should not be used in any school as there is no literature to support them working in reducing the spread of headlice, therefore a submission is not really suitable because it just re-enforces that other countries policies are not using best evidenced based practice.

Because a submission is not suitable, I have created a poster that is visually appealing, has appropriate pictures that helps to express my topic and is child friendly.

References

Bracher, L., Cantrell, J. & Wilkie, K. (1998). The process of poster presentation: a valuable learning experience. Medical Teacher, Vol. 20, No. 6, 552-557.

Summers, K. (2005). Student assessment using poster presentations. *Paediatric Nursing*, 24-26.

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PECOT Model

Using the PECOT model as a framework from (Schneider & Whitehead, 2013). I was able to articulate a more concise and researchable question.

PECOT Category	Information relating to question	Explanation
Population	Primary school aged children with headlice	The population I chose to focus on is primary school aged children because of the high rates of headlice found in children aged 3-12
Exposure/Intervention	The effectiveness of no-nit policies in reducing the spread of headlice	My intervention is looking at no-nit policies which are still used in America, Canada and Australia and whether these are effective in reducing the spread of headlice in schools.
Comparison	Comparing effectiveness of no-nit policies to the child staying in school with headlice	The comparison is what I am comparing no-nit policies too, which is whether there is any reason the child cannot stay at school with headlice
Outcome	Whether no-nit policies are more effective than the child with headlice staying in school	I wanted to find out if no-nit policies do reduce the spread of headlice or if they are not beneficial.
Time	Time was not applicable to this question	