

HEAD LICE (PEDICULOSIS)

The Lexington City School District head lice policy/procedure is in line with the evidence based practice and is based on recommendations from the Center for Disease Control, American Academy of Pediatrics, and Richard Pollack, Ph.D., entomology expert at Harvard University.

Background

Center for Disease Control: <http://www.cdc.gov/parasites/lice/head/schools.html>

“Students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun. Nits may persist after treatment, but successful treatment should kill crawling lice.

Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

Both the American Association of Pediatrics and the National Association of School Nurses advocate that "no-nit" policies should be discontinued. "No-nit" policies that require a child to be free of nits before they can return to schools should be discontinued for the following reasons:

- Many nits are more than ¼ inch from the scalp. Such nits are usually not viable and very unlikely to hatch to become crawling lice, or may in fact be empty shells, also known as casings.
- Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.
- The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice.
- Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel.”

National Association of School Nurses:

<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/40/Pediculosis-Management-in-the-School-Setting-Revised-2011>

“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. When transmission occurs, it is generally found among younger-age children with increased head-to-head contact (Frankowski & Bocchini, 2010).

Children found with live head lice should remain in class, but be discouraged from close direct head contact with others. The school nurse should contact the parents to discuss treating the child at the conclusion of the school day (Frankowski & Bocchini, 2010). Students with nits only should not be excluded from school (American School Health Association, 2005, Frankowski & Bocchini, 2010, Pollack, Kiszewski & Spielman, 2000), although further monitoring for signs of re-infestation is

appropriate. It may be appropriate to screen other children who have had close head-to-head contact with a student with an active infestation, such as household family members, but classroom-wide or school-wide screening is not merited (Andresen & McCarthy, 2009). In cases that involve head lice, as in all school health issues, it is vital that the school nurse prevent stigmatizing and maintain the student's privacy as well as the family's right to confidentiality (Gordon, 2007)."

Procedures

- A. At the beginning of each school year and as needed, the principal, working with the School Nurse, should –
 1. Send the Lice Education Letter and Lice Fact Sheet to parents/guardians. These documents provide information about identification, treatment, and prevention of head lice. Because middle school students change classes and are much less likely to have head-to-head contact, a letter will not be sent except as deemed necessary by the School Nurse and building principal.
 2. Recommend parents/guardians inspect their children's heads upon return to school in the fall and every few weeks hereafter.
 3. Request that parent/guardians treat an infestation according to recommendations provided in the Fact Sheet and notify the School Nurse.

- B. If a student in a school is suspected of having head lice –
 1. The person suspecting the lice infestation should contact the school nurse or, if unavailable, a school-based administrator. The health staff will look closely through the hair and scalp of the student to determine if there are live lice and/or nits that are located ½ inch or closer to the scalp.
 2. If all observed nits are located ½ inch or more from the scalp, no further action is necessary.
 3. If live lice or nits located less than ½ inch from the scalp are identified, the school nurse will call the student's parent/guardian to inform him or her that a lice infestation has been identified and to request treatment be obtained. The parent/guardian may pick up the student as desired. The nurse will review information contained in the Lice Treatment Letter with the parent/guardian, which includes information from the CDC on treatment, nit removal, and environmental precautions.
 4. Parents/guardians will be informed that students identified as having live lice and/or nits located within ½ inch of the scalp must be treated with a pediculocide and that nits located within ½ inch of the scalp must be removed before students can return to school. Parents/guardians are encouraged to remove all other nits to minimize confusion between new and old infestations.

When to check beyond the identified student with live lice or nits –

1. Determine if the student has siblings in the district. If yes, then check the siblings.
2. Full classroom screenings for head lice are **not** done unless deemed necessary by the School Nurse. <http://pediatrics.aappublications.org/content/126/2/392.full>
“Screening for nits alone is not an accurate way of predicting which children are or will become infested, and screening for live lice has not been proven to have a significant effect on the incidence of head lice in a school community over time.”

C. Upon return to school –

1. The student should report to the clinic accompanied by the parent/guardian.
2. The school nurse should inspect the student’s head to assure the absence of live lice and nits located within ½ inch of the scalp before the student may return to class.
3. The parent/guardian should provide a note stating that the student has been treated with a pediculocide or provide a health care provider’s note stating the student does not have a live head lice infestation or viable nits.

D. Follow up –

1. Ten days after the initial treatment of a lice infestation, the school nurse will send a letter to parents/guardians advising them to re-inspect their child and re-treat if necessary according to the pediculocide treatment instructions.
2. Request the parent/guardian return a note stating that he or she has re-inspected his or her child and the child does not have live lice or nits located ½ inch or closer to the scalp.

GENERAL INFORMATION

Head lice (pediculosis) can be acquired innocently. Depending on the proximity students to one another in the classroom and in their varied activities, there is potential for communicability in the school setting. However, in most instances, classroom contact is not direct enough to support spreading this condition.

In an effort to control and eliminate the problem, we need the support and cooperation of parents in the following areas:

- ❖ Check your children's hair periodically. Lice are gray-brown insects and move quickly. Nits are pearly, gray that cling to the hair shaft, and unlike dandruff, will not brush off.
- ❖ If a problem is noted, **do not send your child to school. Treat your child with a pediculocide. Notify your child's school nurse**, so that appropriate checking can be done at school following treatment.
- ❖ Call your physician, speak to a local pharmacist, speak with the nurse at the local health department or discuss treatment with your school nurse.
- ❖ Follow the instructions on the product carefully. Shampoos kill the live nits, but they do not remove the nits.
- ❖ Follow the treatment with thorough fine combing. Sectioning off long hair may facilitate this process. If nits are not removed with a fine comb, they may have to be removed manually, using the fingernails of the thumb and index fingers.
- ❖ Clothing, including bedclothes, should be washed or dry-cleaned if possible.
- ❖ School policy regulates that children return to school only when the hair is **completely clear** of lice ~~and nits~~.
- ❖ Check the hair every day for one week and then weekly for another month.
- ❖ Repeat the treatment as directed on the product label.
- ❖ Check the hair of all household members.
- ❖ It is recommended that children and family member's hair be checked frequently throughout the school year and throughout times of close activities with other children, such as swimming, camping, and athletics.

Thank you for your help and cooperation in this matter. At all times the school nurse will make every effort to respect and maintain privacy and confidentiality regarding any and all student health concerns.

WHAT TO DO IF YOUR CHILD HAS HEAD LICE

INSPECT – Head lice are tiny insects that make their home in human hair and feed on human blood. Each female lays 50 to 150 small silvery eggs (nits), which are firmly attached to the hair shaft. The eggs hatch in five to ten days; the life span for the louse is approximately three weeks while on the host. If separated from the environment of the warm host, the louse cannot survive more than three days. Lice are transmitted through direct contact with an infected person, by sharing combs and headgear, or the common use of bedding and upholstered areas.

TREAT – Hair should be washed with a pediculocidal shampoo, following the directions exactly as written on the product label. Also, note that retreatment may be needed within the time frame recommended on the product label.

REMOVE – Remove all nits. A clean fine-tooth comb may help to remove nits after treatment. In some instances, it may be necessary to remove stubborn nits by pulling them down the length of the hair shaft, using the thumb and index fingernails.

CLEAN THE HOME THOROUGHLY –

- ❖ Clean floors, furniture (including mattresses), automobiles, and carpeting by thorough vacuuming. The use of insecticide sprays is not recommended. Remove and dispose of the vacuum cleaner bag in an airtight plastic bag. Be careful to clean the beater bar and hose of the vacuum cleaner for any stray hairs.
- ❖ Wash bedding in hot water and dry in a hot dryer. Pillows can be fluffed in a hot cycle if these are not washable. Wash and dry recently worn clothing (including coats, caps, and scarves) in hot water. Clothing, stuffed toys, or bedding that cannot be washed may be dry cleaned or sealed in a plastic bag for about four to five days.
- ❖ Disinfect combs, brushes, and similar items by soaking these in very hot water for at least ten minutes or longer, using the shampoo or a strong detergent.

RETURNING TO SCHOOL – Students **MUST BE** checked by the nurse or designated person before they can return to the classroom. Parents are likewise asked to check their children's hair regularly and to notify the school of any reinfestation.

Please contact your school nurse, if you have any questions.

MOST FREQUENTLY ASKED QUESTIONS

Do pets carry human head lice?

No, head lice (*humanus pediculus capitus*) are exclusively a human infestation. Head lice do not live on animals; they feed only on human blood.

How do head lice grow?

Female head lice lay approximately eight eggs a day. The eggs are called nits and usually hatch in seven to fourteen days.

As the school nurse, you should have prevented this head lice outbreak. Why didn't you?

Unfortunately, no one can prevent a head lice outbreak. As you now, head lice spread with direct contact. Children can become infected in many ways. Information is given to parents on how to prevent the spread of head lice to their children. Teachers are alerted to signs and symptoms of head lice. Periodically and as time allows, hair checks are done within the school setting.

What is the school doing to control its head lice problem?

The school conducts hair checks of students to make certain that any student with head lice is referred for proper treatment. Any student found to have head lice will be sent home for treatment. In addition, teachers and parents may be alerted to the common signs and symptoms, and students are reminded not to share personal items, such as combs and hats.

What about the children that my son/daughter comes in contact with at school? What are you doing to control head lice in them?

Any child who is found to have head lice will be sent home for treatment.

What is a "no nit" policy?

A "no nit" policy means that all nits must be removed from the hair before he or she can return to school. It is the most assured way of offsetting reinfestation within the school setting.

Is there any reason that I may not be able to use a head lice treatment?

Consulting your physician is advisable before using an over the counter head lice treatment, especially if you are pregnant, breastfeeding, have allergies to ragweed, breathing problems, or asthma, or have lice in the eyebrows or eyelashes. Also contact your health care professional if over-the-counter treatments seem ineffective.

Can I use a home remedy to treat head lice?

Home remedies, such as mayonnaise or petroleum jelly, are not clinically proven to be effective. In addition, never use unapproved remedies, such as pet shampoos, gasoline or kerosene, because they can be dangerous. The oil in mayonnaise and petroleum jelly are very difficult to remove from the hair.

If I use a head lice treatment, will I be immune to a head lice infestation?

No, you cannot become immune to head lice. If instructions for lice treatments are not followed exactly and completely, or if you do not take the proper steps to completely rid your home of head lice, the condition can reoccur. Missing one nit can lead to reinfestation. Head lice can live up to 3 days away from the human host. Nits can hatch within seven to fourteen days. If lice are on the furniture, in the carpet, on headphones, in bedding, reinfestation can reoccur.

Reference: *Head Lice Resource Kit: A Guide for School Nurses, 1998.*

<https://identify.us.com/idmybug/head-lice/index.html>

<http://www.cdc.gov/parasites/lice/head/schools.html>. Retrieved April 2, 2014

<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/40/Pediculosis-Management-in-the-School-Setting-Revised-2011>. Retrieved April 2, 2014

[Nurse name]
[School name]
[School address]
[School telephone]

Re: Head Lice Education

Dear Parent or Guardian:

Welcome back! I am looking forward to a productive and enriching school year.

As you may know, head lice cases have been on the rise. An estimated 6 to 12 million infestations occur each year in the United States, most commonly among children ages 3 to 11.ⁱ So, I am writing to you to help you learn how to identify lice and provide information on what you can do if lice hit your home.

What are head lice?

Head lice are tiny, wingless insects that live close to the human scalp. They feed on blood. The eggs, also called nits, are tiny, tear-drop shaped eggs that attach to the hair shaft. Nits often appear yellowish or white, and can look like dandruff but cannot be removed or brushed off. The nymph, or baby louse, is smaller and grow to adult size in one to two weeks. The adult louse is the size of a sesame seed appears tan to grayish-white. An itchy and inflamed scalp is a common symptom of lice. Although not common, persistent scratching may lead to skin irritation and even infection.¹

Who is affected by head lice?

Head lice are not related to cleanliness.^{ii,iii} In fact, head lice often infest people with good hygiene and grooming habits.² Infestations can occur at home, school or in the community. Head lice are mostly spread by direct head-to-head contact—for example, during play at home or school, slumber parties, sports activities, or camp. Less often, lice are spread via objects that have been in recent contact with a person with head lice, such as hats, scarves, hair ribbons, combs, brushes, stuffed animals or bedding.^{1,3}

What to do if an infestation occurs?

If you think your child has head lice, it's important to talk to a healthcare provider to discuss the best treatment approach for your family. Resistance to some over-the-counter head lice treatments has been reported, but the prevalence of resistance is not known.^{iv,v} There are new prescription treatment options available that are safe and do not require nit combing.

As your school nurse, I want to provide you with the information you need to safeguard your children's health, and pave the way for a healthy school year. I hope you find this information useful.

Sincerely,

[INSERT NAME]
Your School Nurse

ⁱ Centers For Disease Control and Prevention (CDC). Parasites: Lice: Head Lice: Frequently Asked Questions. http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html. Accessed November 20, 2013.

ⁱⁱ Meinking T, Taplin D, Vicaria M. Infestations. In: Schachner LA, Hansen RC, eds. *Pediatric Dermatology*, 4th ed. Mosby Elsevier; 2011:1525-1583.

ⁱⁱⁱ Centers for Disease Control and Prevention (CDC). Head lice: epidemiology and risk factors. <http://www.cdc.gov/parasites/lice/head/epi.html>. Accessed November 20, 2013.

^{iv} Burkhart CG. Relationship of treatmentresistant head lice to the safety and efficacy of pediculicides. *Mayo Clin Proc.* 2004;79(5):661– 666.

^v Meinking TL, Serrano L, Hard B, et al. Comparative in vitro pediculicidal efficacy of treatments in a resistant head lice population on the US. *Arch Dermatol.* 2002;138 (2):220–224.