Head Lice School Policy

Diagnosis
Head lice or Pediculosis capitis

General Information
Head lice are tiny parasitic insects that live on the human scalp and feed on human blood. The adult female louse is about the size of a sesame seed, brown/tan in color, and typically lives for 20 to 30 days. She lays up to 6 pearly-gray oval shaped eggs a night, called nits, that hatch in 7-10 days. Nits are found throughout the hair, usually close to the scalp in temperate climates (egg production occurs at optimum temperature 84 deg.), and are most often located at the back of the scalp, behind the ears, and at the top of the head. They adhere firmly to the hair shaft and cannot be easily moved up or down the hair. The primary mode of transmission is head to head contact. High risk groups - children - typical ages 3-11, females (2:1) more than males (possible reason - females share more articles), Caucasians (>95%) more than blacks (oval shaped hair shaft more difficult to hold), straight hair versus curly hair (possibly due to hair shaft shape), clean heads> dirty heads (overall better groomed individuals are often healthier, providing better nutrition for the lice), large families> small families (more likelihood of sharing beds, crowded environments) - Head Lice, The Myths, The Facts, J Dillenberg, MPH, 1999. Lice are crawling insects that cannot hop, jump, or fly. Lice do not generally survive for more than 12-48 hours off the human host. Pets do not get head lice.

Most outbreaks of lice occur at home. Often nurses see an isolated “case” at school indicating that head lice are still prevalent in the community. When multiple children are diagnosed there is often a community activity such as a “sleepover” where the contact occurred.

Most head lice are effectively treated with pediculicides such as over the counter pyrethrin - RID, R&C; or permethrin-NIX, which are safe but can sometimes cause scalp irritation. Lice can also be mechanically removed. Heavy oil based products to suffocate lice are ineffective. The prescription pesticides, lindane-Kwell or malathion - Ovide, can be used for repeated, resistant infestations (contact primary care provider). Nits can be mechanically removed using a lice/nit comb or by hand. There are antidotal reports that olive oil or vinegar will loosen nits, but there is no data to support this.

Physical Findings
- Persistent scratching of the head and back of the neck.
- Red bite marks and scratch marks on scalp and neck.
- Presence of nits on hair.
- Presence of lice on scalp and hair.
- Secondary bacterial infection can occur, causing oozing or crusting. Swollen glands may also develop.

Education/Management
- Nurses will educate students on an ongoing basis to avoid sharing hats, hair ornaments, hairbrushes, etc.
• Nurses will check a child for head lice if the nurse or teacher notices the child has increased itching/scratching of the scalp, or at the request of parents who suspect their child has head lice
• For confirmed cases, notify parent.
  • Send “Lice Letter-Dx” home with student. This is an informational sheet on head lice, advises primary care follow up for treatment, discusses checking household members and household lice removal.
  • The nurse will assist parents in a supportive manner to understand lice treatment such as shampooing, learning how to look for and remove nits.
  • The nurse will screen the student upon return to school and follow up with parent as needed.
  • The nurse will check the student for nits on day 7 and day 14 after the last nit is found.
  • Check siblings of diagnosed student.
  • Alert nurses of siblings in other schools.
  • Classroom practices will be reviewed if there are several cases of head lice in one classroom that do not have a common community source.

References:
Http://www.hsph.harvard.edu/headlice.html - Head Lice Information, statement from Richard J. Pollack, PhD, 2000

HEAD LICE: The Myth, The Facts, The Update, Jack Dillenberg, MPH, Area Health Officer, LA County Dept. of Health Services, 1999 (a program funded by MEDICIS, The Dermatology Co.)

http://www.cdc.gov/ncidod/hip/abc/facts18.htm - ABC's of Safe and Healthy Child Care - Head Lice

www.headlice.org: NPA (National Pediculosis Assoc.)- 781-449-NITS, Fax 781-449-8129;

19/Nov/07
Head Lice Prevention Tips

✓ Watch for students scratching heads constantly - particularly after holiday or vacation periods

✓ Advise students not to share hats, hair ornaments, scarves, barrettes, scrunchies or combs/brushes.

✓ As winter approaches keep coats, hats and scarves as separate as possible

✓ Encourage students to store hats and scarves in coat sleeves

✓ Refer unusually itchy children to the nurse

If we work together we can prevent head lice from becoming a problem in our school!

9/Jan02