PEDICULOSIS (Head Lice Control Practices)

The following guidelines are adopted for school attendance after a student has been identified with head lice:

1. Active infestation is defined as the presence of live lice or no progress in nit removal. Any student found to have active infestation may remain in the classroom until the end of the day. Parents of identified students are notified by telephone and/or letter.

2. Instructions regarding safe treatment of pediculosis may be given to the parent or guardian. Safe, effective treatment options are considered to be prescription or over the-counter lice removal preparations and/or manual removal of all bugs and eggs. Effective treatment can be accomplished overnight, allowing readmission the following day.

3. It is the parent/guardian's responsibility to treat the student at home and to accompany them to school the next day.

4. Students are admitted to school when no active infestation is present. The student is examined by a school staff member trained in the procedure, and should be examined again 7 to 10 days later.

5. If a student is found to still have an active infestation, the parent will take the student home for further treatment.

Guidelines for Attendance after Pediculosis Identification

If a parent or guardian is not compliant with treatment options resulting in the student missing more than two days of school, the following measures may be implemented:

1. Review of attendance and truancy guidance.

2. Conference at school or home with the school nurse, principal and/or counselor with a plan developed for treatment and return.

3. Referral to an outside agency for assistance.

The following are guidelines for management of pediculosis in the District:

1. Mass screenings for identification of pediculosis will not be performed in school. If a classroom has more than two students identified with active infestations, the students of the class may be screened. All efforts will be made to preserve the privacy of each student, such as taking students to a location where they are not visible to others.

2. General letters may be given to other parents, informing them of positive cases in the school. Information may also be widely distributed to all students at the discretion of the school nurse. This is recommended at least at the start of each school year.

3. Routine screenings of children's heads by the parents will be strongly encouraged for early identification of pediculosis infestation or other scalp/skin conditions.

Pediculosis - Head Lice

Definition: *Pediculosis capitis* refers to a condition caused by lice infesting the head hair of a human. Head lice are not known to transmit infectious agents, nor do they discriminate among socioeconomic groups. They are more commonly found on children of preschool and early elementary school age. Girls are infested more often than boys, and parents and siblings acquire head lice. Lice and their eggs (called nits) are usually limited to head hair.

Stages: *Nit (louse egg)* - Nits are laid on the hair shaft, close to the scalp. They are oval in shape and may undergo several color changes as they develop. They take 8-12 days to develop and hatch. With magnification, the developing nymph may be seen within the egg. Eggs that have died or hatched will remain firmly attached to the hair, but will never again produce another louse.

Nymph - The nymph is the immature stage of the louse. These look just like an adult louse, only smaller and are unable to reproduce yet. They mature into adults in about 9 - 12 days after hatching. Nymphs must feed on human blood to survive and grow.

Adult - Adults are about the size of a sesame seed, have 6 legs, are wingless, and may be tan to grayish-white or even have a reddish tinge. Adult females may lie up to 30 days on the head of the infested person. As with nymphs, they feed once or more often each day and will die within a day when off the head.

Signs and Symptoms: Student with head lice are usually asymptomatic, but some may experience itching from an allergic reaction to the bites or irritation from sores caused by bites.

Transmission: Head lice can be transmitted from hats, combs, pillows, etc., but it is most likely and more common to result from head to head contact with an infected person.

Prevalence: Overall, about 1% of 5 to 12 year olds are infested.

Diagnosis of Head Lice: Head lice may be found anywhere on the head hair, but are often easiest to locate on the scalp behind the ears and near the neckline at the back of the neck. Adult female lice deposit nits on the hair about 1 mm from the scalp. Under good lighting and using a comb, search the head for nits and crawling lice. Live lice are sometimes difficult to see as they move quickly and there are usually fewer than 10 lice on a head.

Reasons for chronic infestations:

1. Failure to remove all nits and live lice. Viable nits may hatch and start the lice cycle over, usually not appearing for 2-3 weeks. (Thorough removal of all bugs and nits, treating all affected family members at the same time, vacuuming or removal of lice from environment such as brushes, hair decorations, hats, bedding and furniture commonly used by the affected person.)

2. Misdiagnosis (Dandruff, buildup of hair products, gnats, etc.)

3. Noncompliance Resistance to treatment (Lice on children who are treated repeatedly, are more likely to be resistant to treatment.)

4. New infestations (Head to head contact with the same person.)

5. Ineffectiveness of treatment (Directions for each product may differ.)

Treatment: Treatment is recommended only for individuals found with live lice or viable eggs. If nits are found further than about 1/4 inch from the head, they are probably hatched and no longer viable. Removal of these old nits assures that identification of active infestation is accurate.

1. Combing with a nit comb can be effective in removing the nits and lice. Combs with long metal teeth have been found to be most effective and less damaging to the hair. Using the nit comb on hair saturated with shampoo or conditioner can ease the difficult combing action. Comb daily until no live lice are discovered for 2 weeks. Recheck in 2 - 3 weeks after you think all lice are gone.

2. Over the counter lice shampoos - As with all drugs, directions must be followed exactly. These products should be rinsed from the hair over a sink rather than shower or bath to limit exposure to the body. A second treatment may be required in about 10 days.

3. Prescription lice shampoo medications - These products contain other insecticides that require greater care for treatments, should be used only under a physician's care, and only if live lice persist following treatment with the over-the-counter products. Parents should be advised to discuss with their health care provider specific instructions for use for these products, potential risks and benefits, and other possible treatment recommendations.

4. "Alternative treatments" - Petroleum jelly, mayonnaise, margarine, herbal oils, gasoline, kerosene, olive oil, etc., should be avoided, as there is no conclusive evidence that these treatments are effective (or necessarily safe).

5. Family members of a student with head lice should be inspected simultaneously. Pets do not carry head lice and should never be treated with human lice treatments.

6. Bedding, towels, nightclothes and other clothing that was in contact with the head within a day of treatment should be washed and/or dried in the dryer at high heat (if appropriate). Combs, brushes, and hair accessories used by the person should be rinsed in hot water each day until lice are eliminated.

7. Vacuuming floors, especially carpets recently occupied by infested persons is recommended although lice will soon die (generally within a day) once off the head. Nits attached to hair that have fallen from an infected person will also stop developing and will also die within a few days. Although it is not necessary to thoroughly clean the house or car, vacuuming floors and upholstered furniture of homes occupied by infected persons will help dispel concerns about lice or eggs that have dropped from the infected person.

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