

Lice



Pediculosis (Head Lice)

Lice (also known as pediculosis) is very common in school-age children. The following guidelines are based on current research and recommendations from the American Academy of Pediatrics, the CDC, the Harvard School of Public Health and the National Association of School Nurses.

Head lice are spread most commonly by direct head-to-head (hair-to-hair) contact and much less frequently by sharing clothing or belongings onto which lice or nits may have crawled or fallen. The risk of getting infested by a louse that has fallen onto a carpet or furniture is very small. Head lice survive less than 2 days if they fall off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the same temperature as that found close to the human scalp.

The following are steps which can be taken to help prevent and control the spread of head lice:

- Avoid head-to-head (hair-to-hair) contact during play and other activities at home, school, and elsewhere (sports activities, playground, slumber parties, camp).
- Do not share clothing such as hats, scarves, coats, sports uniforms, hair ribbons, or barrettes.
- Do not share combs, brushes, or towels. Disinfest combs and brushes used by an infested person by soaking them in very hot water (at least 130°F) for 5-10 minutes.
- Do not lie on beds, couches, pillows, carpets, or stuffed animals that have recently been in contact with an infested person.
- Machine wash clothing, bed linens, and other items that an infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle, and then dry the items using the high heat drying cycle.

- Clothing and items that are not washable can be dry-cleaned or sealed in a plastic bag and stored for 2 weeks.
- Vacuum the carpets and furniture, particularly where the infested person sat or lay.
- Do not use fumigant sprays or fogs; they are not necessary to control head lice and can be toxic if inhaled or absorbed through the skin.
- Check all persons in the household. Examine the scalp and hair, especially around the nape of the neck and behind the ears, for lice and nits (eggs). Nits are attached to the hair shaft about ¼” from the scalp; they may be gray/brownish in color, oval-shaped, and they are very small. They are sometimes mistaken for dandruff.
- Ask your health care provider what remedy he/she recommends for treatment of head lice. Follow the directions of over-the-counter and prescription treatments carefully. Many products suggest re-treating the person after 7-10 days.

Procedure for Screening of Infested Students

The goal of the school nurse with respect to pediculosis is to contain transmission, provide appropriate health information for treatment and prevention, and minimize school absence.

Procedure:

Any student suspected of having an active case of pediculosis will be referred to the school nurse. The nurse will check the child and if lice or potentially viable nits are found, the student will be referred to the parent/guardian for appropriate care. A child found to have live head lice does not need to be sent home from school to be treated. The student may return to school once the initial treatment is done. As recommended by the American Academy of Pediatrics, the National Association of School Nurses and the Centers for Disease Control, CREC does not follow a “no-nit” policy for the student to return to school to avoid school absences. The nurse will recommend that the parent/guardian seek professional advice concerning treatment from the student’s provider. She or he will also educate the parent/guardian about additional measures which should be taken to help prevent the spread of lice to other members of the family and to help prevent the reinfestation of the student.

The school nurse will check any siblings of the student in the school and/or notify the school nurses of siblings in other schools and any actively symptomatic students. The respective school nurses will check the siblings for evidence of pediculosis.

Based on the American Academy of Pediatrics and the Center for Disease Control clinical recommendations, CREC does not support classroom or school-wide screening for head lice have not proven to have any significant effect on effectively reducing the number of lice infestations among school children.

Measures that may be taken in school to manage pediculosis transmission include:

- Having students put their hats in the sleeves of their coats
- Avoiding activities involving any exchange of clothing or headgear
- Avoiding activities involving close head-to-head contact
- Storing students' outerwear in plastic bags when problems persist
- Not allowing the use of other student's brushes, combs or headbands/hair ties

Depending on the extent of the infestation, in a particular class, a letter may be sent home advising the parents/guardians of the pediculosis issue. The purpose of this notification would be to inform and educate. Information regarding preventative measures and treatment approaches will be shared. It is considered essential to maintain the student's privacy as well as the family's right to confidentiality. The identity of any infected student will not be disclosed.

Parents/guardians should report any new cases of lice found on their children to the school nurse, even after treatment at home. This will allow the school nurse to check and assist parents/guardians monitoring the situation.

Follow-up:

CREC follows the American Academy of Pediatrics and the National Association of School Nurses recommendations of the use of "no nit" policies for readmission to school. Depending upon the severity and frequency of the infestation, the nurse may want to make periodic checks after a student's readmission to ensure complete eradication of lice.

Will They Ever Be Gone?

As many parents know, fighting head lice can be an ongoing battle. There's no doubt that they can be hard bugs to get rid of.

If you've tried everything and your child still has lice, it could be because:

- some nits were left behind (if you see nits far from the scalp — more than ½ inch (1 cm) — and no live lice, these are probably dead and treatment likely isn't needed)
- your child is still around someone who has lice
- the treatment you're using isn't effective

If your child has lice 2 weeks after you started treatment or if your child's scalp looks infected, call your doctor.

For parents, more information is available on [HealthyChildren.org](https://www.healthychildren.org) [here](#).