



HEAD LICE:

Head lice is a common occurrence in school age children with about 6-12 million infestations occurring in children between the ages of 3-11 years old. Lice are not associated with personal hygiene or cleanliness of a person or home. In fact, lice love clean hair. Lice are a nuisance, but lice do not spread disease. Lice are 2-3 mm in size and do not jump or fly. Lice have 3 life stages nit (eggs), nymph, and louse. Nits are oval in shape and yellow to white in color about 0.8-0.3mm in size, and nits are firmly attached to the hair shaft. The nymphs are newly hatched from the eggs and are the size of a pinhead. The adult louse is the size of a sesame seed and has 6 legs with claws and tan to grayish-white in color. Adult lice can live up to 30 days on a person's head.

Tips if you have head lice:

- 1) Treat the hair with an over the counter medication or call your physician for a prescription. Warren County Combined Health District on Conover Drive in Franklin does provide lice products. You can call them at 937-746-1769 to make sure that a nurse is available for assistance.
- 2) Follow the instructions on the medication. Most products suggest retreating in 7-10 days
- 3) Machine wash in hot water (130°) and on a hot drying cycle hats, scarves, pillow casings, sheets, bedding, clothing, towels that the student has worn in the past 2 days just before treatment started.
- 4) Vacuum where the student has been the past 2 days which includes the car, couch, carpet, etc. Head lice survive less than 1-2 days when they fall off a person and cannot feed.
- 5) Soak combs and brushes in hot water (130°) for 5-10 minutes
- 6) Dry clean or bag items for 2 weeks that cannot be washed in a regular washing machine (pillows, stuffed animals, etc)
- 7) Check all other household members and treat if an active infestation is noted
- 8) Go through the hair with a nit comb to remove the nits.
- 9) **DO NOT** retreat the person more than 2-3 times with the same lice shampoo if it does not seem to be working. Call your healthcare provider
- 10) Remember to continue to go through the hair and get all the nits out of the hair—work under a bright light, section the hair, use a nit comb

Prevention:

- 1) Avoid head to head contact (not just at school but also at slumber parties, sporting events, camp, etc)
- 2) Do not share clothing, hat, scarves, combs, brushes, hair ribbons, barrettes
- 3) Do not lie on beds, couches, floors where a person with an active infestation has been
- 4) Machine wash and dry clothing, bed linens, and other items the person with the active infestation has worn within the past 2 days before treatment
- 5) Encourage girls to wear their hair up
- 6) Use a shampoo with the ingredient sodium lauryl sulfate (Herbal Essence, Suave)
- 7) Check your child's hair weekly

Head Lice Policy:

Pediculosis (Head Lice) Policy

Approximately 6-12 million children per year between the ages of 3-11 years have head lice in the United States. Cleanliness and personal hygiene are not factors in acquiring head lice; however, treating head lice and following the proper cleaning techniques do prevent re-infestation. Lice are wingless insects that do not jump or hop. They are transmitted by head to head contact. Nits are white to yellow in color and are oval in shape. Nits attach firmly to the hair shaft and do not flake off easily like dandruff or debris. Nits that are $\frac{1}{4}$ inch away from the base of the hair are not viable and more than likely hatched.

Upon the recommendation of the National Association of School Nurses, the Centers for Disease Control and Prevention, and the American Academy of Pediatrics, the Franklin City Schools has developed the following policy. Students found to have a live louse should be sent home from school for treatment. The student is permitted to return the following day after treatment in which the school nurse or other trained personnel will check the student's hair for live lice. The student may return to school with nits. It is the parent/guardian's responsibility to follow the treatment plan recommended by a physician or the manufacturer on the lice product used and to continue to remove nits to prevent re-infestation.

School wide and classroom wide screenings have not been proven to be cost effective and do not have a significant effect on the incidence of head lice (Frankowski & Bocchini, 2010). Therefore, it is recommended that the caregiver screen the student on a regular basis for nits and/ or a lice infestation. Individual students will be checked based upon parental or staff request as well as symptoms like head scratching, sores in the scalp, visualization of live louse, or suspected nits.

References:

- Andresen, K., & McCarthy, A.M. (2009). A policy change strategy for head lice management. *The Journal of School Nursing, 25* (6), 407-416. doi:10.1177/1059840509347316.
- Centers for Disease Control and Prevention. (2010, November 2). *Head lice*. Retrieved from http://www.cdc.gov/parasites/lice/head/gen_info/faqs.html
- Frankowski, B.L., & Bocchini, J.A. (2010). Clinical report—Head lice. *Pediatrics, 126*, 392-403. doi:10.1542/peds.2010-1308
- National Association of School Nurses. (2011, January). *Position statement: Pediculosis management in the school setting*. Retrieved from <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/smid/824/ArticleID/40/Default.aspx>