

Guidelines for Pediculosis (Head Lice) Control

Provided by: Health Services of St. Charles CUSD #303

It is the position of District #303 Health Services Department and District #303 Administration that the management of head lice in the school setting be based on scientific and medical evidence that supports the education process.

The American Academy of Pediatrics, the Centers for Disease Control, Harvard School of Public Health and the National Association of School Nurses all recommend that students with a head lice infestation not be excluded from school. Studies suggest that an evidence-based approach to head lice management will significantly reduce unnecessary school absences, limit embarrassment of students, reduce disruptive and ineffective screenings, decrease unnecessary exposure to potentially toxic chemicals to treat head lice, and calm anxiety on the part of parents and school staff.

Biology of Head Lice:

Head lice are small, parasitic insects that live on the scalp and neck hairs of their human host and survive on several human blood meals per day. Infestation is common among children 3-11 years of age with approximately 6-12 million children becoming infested each year. The presence of head lice does not denote a lack of hygiene or cleanliness and is not considered a public health concern, yet positive identification is often associated with anxiety and social stigma.

The adult louse is 2-3 millimeters in length (about the size of a sesame seed), has six legs and is tan to grayish-white in color. The life-cycle of a louse is 3-4 weeks, during which time the adult female louse may lay up to 100 eggs at the rate of about 6 per day. The eggs, or nits, are tiny (about the size of a knot in thread), oval-shaped and appear yellowish-white or transparent. Nits are securely attached to the human hair shaft close to the scalp by the female louse, and can be very difficult to remove. After 10-14 days, the eggs hatch producing the nymph. The nymph is extremely difficult to see or identify without magnification. Maturation takes 9-12 days before the nymph becomes an adult with reproductive capabilities.

Transmission of Head Lice:

Head lice transmission occurs primarily by direct head-to-head contact. Infrequently, however, lice can be transferred by shared combs, hats or other hair accessories. Head lice do not jump or fly and are unlikely to wander far from their preferred habitat. A louse that has fallen from a human host onto another surface is not likely to infest a new host, but may remain viable and hidden on bedding, clothing, carpet or upholstered furniture for a brief time. According to the Centers for Disease Control head lice cannot survive much longer than 24 hours without nutrients.

Symptoms of Head Lice Infestation:

- Tickling feeling of something moving in the hair
- Itching, caused by sensitivity to the bites
- Irritability and difficulty sleeping as head lice are most active at night
- Sores on the scalp caused by scratching

Preventative Measures:

Students, parents and staff should be educated on the following preventative measures in order to reduce transmission of head lice:

- Discourage sharing of items such as combs, brushes, hats, hair accessories, coats or sweaters
- Teach children to hang or store coats separately, placing hat and scarves inside coat sleeves
- Discourage head-to-head contact among children
- Educate parents on signs and symptoms of head lice infestation, and how to eradicate an infestation
- Encourage regular head checks by parents, especially following close contact activities

Roles and Responsibilities:

In accordance with the Centers for Disease Control, the American Academy of Pediatrics, the Harvard School of Public Health and the National Associations of School Nurses regarding best practices for head lice infestations, District #303 schools will follow these guidelines.

Parent Responsibility:

The prevention and control of head lice begins at home. Parents are ultimately responsible for their children by assisting in the prevention and management of head lice through:

- Understanding signs and symptoms of head lice infestation
- Understanding prevention, transmission and treatment of head lice
- Conducting regular checks of their children's hair especially following close-contact activities and events
- Beginning a recommended treatment plan when head lice are detected
- Carefully follow pediculocide instructions
- Screening and treating infested family members

Teacher Responsibilities:

Teachers and staff are often the first to identify symptoms of head lice in the classroom and therefore need an understanding of prevention, transmission and treatment based on science and not fears. School personnel should understand that head lice are equal opportunity parasites that do not respect socio-economic class distinctions, nor are they a sign of poor hygiene. They must also be aware that protecting the confidentiality of a student or family with head lice will minimize isolation, stigmatization, and hysteria in the school community.

Teachers and staff can help prevent the transmission of head lice by following these guidelines:

- When possible, hang coats so that they do not touch
- Instruct students to place hats, mittens and scarves into the sleeve of the coat
- Discourage activities where heads are in close contact

School Responsibility:

- Information about head lice shall be made available to all parents/guardians via school handbook, district website and/or school newsletters
- The school nurse will provide evidence-based educational information (as requested) and opportunities on the identification, transmission and treatment of head lice to the school community
- Symptomatic students will be examined by the nurse in the school health office for the presence of scalp conditions or infestations
- Global screenings or classroom head checks are misleading and not warranted
- Parents of students with an active infestation will be notified

- Nits found within ¼ inch of the scalp will be considered as live and therefore active
 - If nits are not detected within ¼ inch of the scalp the infestation will not be considered active
- Students with an active infestation **may** be released from school for treatment at the discretion of the parent
- Exclusion from school for head lice is not warranted
- Siblings and close contacts **may** be examined in the health office at parent request
- Parents/guardians will be instructed to contact their physician or pharmacist for treatment options and will be given information on the biology of head lice, methods of treatment, and directions to examine all household members
- Students are encouraged to return to school following treatment
- Class room notices will **not** be sent home each time a case of head lice is identified as this is counter to best-practice management
- Confidentiality of students/families identified with head lice will be upheld at all times
- The school nurse will monitor and evaluate chronic cases of head lice or the eruption of multiple cases within one classroom and **may** institute further measures to prevent transmission:
 - Daily vacuuming of rugs or carpets during lunch or recess for two weeks
 - Removal of stuffed animals or toys for two weeks
 - Removal of upholstered furniture for two weeks
 - Bagging coats, hats, scarves for two weeks