

Head Lice

LICE (HEAD) – Pediculosis Capitis

Insert copies in this book of your District’s policy on control of lice, and all accompanying literature used by nurse and parents.

DESCRIPTION:

Head lice are tiny insects that live and feed on the skin of the scalp among human hair. They glue eggs (“nits”) to the base of the hair shaft. Nits hatch in 5-10 days.

In order for lice to survive, they need temperature and humidity similar to the human body. Adult lice will die within 24-36 hours without a human host. Heat (a hair dryer) will make them fall out of the hair or cold (placing an article of clothing in the freezer) will kill them.

Lice are not known to transmit a disease. The medical problem they present is itching of the scalp, which can cause intense scratching. This can result in impetigo, boils or other infections, which can cause enlarged lymph nodes.

Also harmful to a child is the embarrassment caused by publicly (in a classroom) identifying them as carriers.

INSPECTION – SCREENING

Some school districts have scheduled screening programs to inspect students for lice. Use this opportunity to educate students not to share combs or other articles which touch the hair. **Follow your district’s policy. Some districts require that: *Any student with even one nit be sent home.***

Despite widespread belief, recent studies show that vinegar is not helpful in removing nits. There are non-insecticidal shampoos available which dissolve the glue that binds the nits to the hair shaft. Special nit combs will work best when hair is wet, requiring several sessions to get them all.

Inspection of the classmates: follow your district policy:

If all students are inspected, bring students to clinic in small groups of 3-5.

If policy is more permissive, teachers can unobtrusively observe students and send to clinic only those who appear suspect.

If lice are discovered in a student, that class should be inspected in small groups, without waiting.

TECHNIQUE FOR INSPECTION

An average infestation is from 5-10 lice which move quickly from view. Therefore, the diagnosis is often made by the presence of nits. These can be confused with dandruff, but are easily identifiable with a magnifying glass. Since nits are attached firmly, try moving one. If it sticks it's a nit. If it is more than $\frac{3}{4}$ to one inch from the scalp, it has likely already hatched and may flake off easily. They are most often found at the back of the neck and around the ears attached near the hair root.

Have student lean head forward; lift hair at the back of the neck. Section the hair by using a new tongue blade for each student. Continue throughout hair. Inspect scalp for signs of bites or infection from scratching.

CONFIRMED CASES:

Our school requires that the child be picked up as soon as possible.

Notify parent

Discuss procedure with parent.

Send home: Notification letter containing school policy and printed instructions on Home Management.

Proof of treatment could be insured by having the student or parent return the bottle of shampoo to the nurse.

Students can be readmitted the day after treatment.

If siblings attend another school, have them inspected also.

AT HOME TREATMENT:

Pediculicidal shampoos kill lice but rarely kills nits; RID, Nix, A200, and R&C Shampoo are available at drugstores. Kwell is no longer recommended for lice. It is sold only by prescription.

One or two additional treatments may be needed for severe infestation at 7-10 day intervals to kill new hatched lice.

Application should thoroughly moisten the hair down to the scalp, but it should not be rubbed in.

Do not treat any child more than three times in one month.

Allow 7-10 days between treatments.

INSTRUCTIONS TO PARENTS:

1. Parents should inspect all members of the family, and repeat inspection at weekly intervals for three weeks.
2. No sharing of combs and brushes
3. School nurse can review with parent the manufacturer's directions on proper use of shampoo treatments.
4. Wash combs and brushes with soap and hot water (130 degrees). Wash clothing and bedding in hot water and soap and dry at high heat.
5. Spraying insecticide on items in the house or on clothing is ineffective. (Spraying a person may be harmful).

COMPLICATION FROM SCRATCHING:

1. Impetigo or infection on scalp
2. Enlarged, painful posterior, cervical, and occipital lymph nodes.
3. Must be treated with antibiotics prior to application of pediculicide.

FOLLOW UP:

1. Instruct teachers to suspect students who scratch their head excessively. Teachers should privately arrange for _____ for the school nurse to examine the student. Some teachers are not able to touch an infested head. But school

nurses know that lice crawl; they do not jump like fleas, so nurses are more comfortable handling the child with lice.

2. Examine scalp and hair when student returns to school after treatment and a gain 7-10 days later.
3. Educate parent and student to prevent reinfestation.
4. Application of insecticide sprays in the classroom, bathrooms, or busses is not necessary. This may do more harm than good.

Ventnor School Head Lice Policy

Anyone can contract head lice. Having head lice does not indicate poor hygiene. Head lice does not cause disease, but, are a time consuming nuisance. If the school nurse finds evidence of head lice, the child will be sent home for the parent to administer treatment. (Family doctors, the school nurse and pharmacists can provide treatment advice). Upon completion of this treatment and before the child is allowed back in school, he/she must be re-examined by the school nurse prior to re entering the classroom. School policies indicate that all nits (eggs) must be removed before returning to school. This is a time consuming, but necessary task that helps ensure the head lice does not spread to others. Please call the school nurse if you suspect head lice in order that other children in the classroom can be checked.

The No Nit Policy

The National Pediculosis Association, recommends the No Nit Policy as the public health standard intended to keep children lice free, nit free, and in school.

Pediculosis represents one of the most common communicable childhood diseases, and it is important to acknowledge head lice as a problem when raising or caring for children.