

# LICE

## A FACT OF SCHOOL LIFE

### *A Head Lice Handbook for Parents*

This booklet is being provided to help you better understand head lice. It is the responsibility of the parent or guardian to consult with their child's physician to conclude what is the best mode of treatment for their family in treating head lice.

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**Dear Jefferson Township Public School Parents:**

**This handbook is designed to provide helpful information to parents regarding head lice, to promote early detection of head lice, to recommend ways to prevent new outbreaks and to provide support to families experiencing the stress of lice control.**

**Every year there have been several reported cases of head lice in our schools. It has been reported that, with the exception of the common cold, head lice infestation affects more school-aged children than all other communicable childhood diseases combined. (According to Care Technologies, Inc., head lice annually affects 10 to 12 million Americans, mostly children ages 3-11.) Please read through this handbook and retain it for future reference. Further information on head lice and its treatment may be obtained in the school's health office. Your input is valued on this topic. When we all work together, we will be able to keep this problem under control.**

## Our Revised Nit Procedures

In the spring of 2008, the Health Offices of the Jefferson Township Public Schools adopted a procedure that no longer embraced the previous “No Nit” Policy. Scientific data supports this procedure within the school setting. It was found that when students were excluded from attending school for presenting with a few nits (lice eggs), the outcome for the spread of head lice was not improved. Students were losing important academic time while the lice and nits were totally removed. It also often created a hardship for parents, due to lost time at work.

In the spring of 2012, the Health Offices of the Jefferson Township Public Schools adopted a procedure that no longer excluded children for active lice (live lice) as per the recommendations by the Center for Disease Control, the New Jersey Department of Health and Senior Services, the American Academy of Pediatrics, Harvard School of Public Health, and the National Association of School Nurses. According to the CDC, students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun (2010). The CDC also states that head lice can be a nuisance but they have not been shown to spread disease (2010).

If lice (pediculosis) or nits are found on your child, immediately contact your child’s physician and notify the school nurse, even if it is during a school vacation. Prompt notification is essential to the school’s efforts to control this problem. After necessary treatment of your child’s hair, you must accompany your child to the school nurse. This visit to the school nurse is mandatory. The school nurse will check your child’s head to assure that he/she has been adequately treated. There are a variety of over-the-counter and prescription chemical lice treatment shampoos available. Please consult with your physician to decide which shampoo is best for your child. In some cases, a parent or a physician chooses not to use chemical lice treatment shampoos, as to not expose the child to the possible adverse effects of a pesticide. In this case, mechanical removal with a quality lice comb by the parent or a lice treatment specialist is acceptable. When lice treatment is complete, there still remains the necessity for the parent to go through the child’s entire head of hair, both in the morning and evening, for at least 3-4 weeks after the lice and/or nits are found. For several additional weeks you must check your child’s head at least once a day for nits and lice. If you find more live lice, contact your child’s physician immediately and notify the school nurse.

This handbook offers information to give you the tools and knowledge to deal with head lice and nits. However, it is the parent’s or guardian’s responsibility to consult with their child’s physician and make their own decisions for the best appropriate treatment of head lice for their family.

## Notifying the School and Your Child’s Contacts

If you find head lice or nits on your child, contact your child’s physician and then notify the school nurse. Prompt notification is essential to the school’s efforts to bring this problem under control. It enables the school to implement and enforce its head lice control program. Early detection is critical for effective management of head lice.

After notifying the school nurse, alert the parents of any child who has been in contact with your child during the previous three to four weeks. This includes your child’s friends and car pool buddies, as well as “The Y,” Scouts and after-school classes, such as dance, gymnastics and karate. This may be difficult, but it is vital to control the spread of head lice. There is no reason to be embarrassed; keep in mind that anyone can get head lice. If someone has a negative reaction, it is that person’s problem, not yours. You are acting responsibly and most people will appreciate it. Parents who have had direct experience with head lice advise that they were extremely upset over not being alerted promptly, as it delayed detection. This, in turn, made treatment more time consuming, because the infestation was at a more advanced stage by the time it was detected.

## Lice Policy Implementation...The School’s Role

When a case of head lice has been discovered or reported to the school, the school will follow the guidelines below, to assist in combating re-infestation among the school population.

- The child found with lice and/or nits may remain in school. The parents/guardians will be notified as soon as possible. The nurse will educate the parents/guardians on lice and available treatments. The parents/guardians are advised to discuss the best treatment for their child with the child’s physician. The child may be picked up earlier in the day for treatment if the parent/guardian wishes to. Depending of the severity of the lice infestation, the school nurse informs the child’s teacher, while maintaining confidentiality, and checks all classmates for head lice and nits.
- Depending on the severity of the infestation in the classroom, the school nurse, in collaboration with the principal, may send a notice home to the parents of the class.

- Another recheck of the class will be done in 7-10 days if deemed necessary by the school nurse.
- Every effort is made to make the affected child feel comfortable. While maintaining confidentiality, the children are taught in a matter-of-fact manner about how lice are spread and that no one is immune. We provide a calm, rational, yet firm commitment to controlling the spread of lice.
- In the event of infestation, girls with long hair are encouraged to wear their hair up in a pony tail, decreasing the chance of one girl's hair touching another student's hair.
- Teachers are asked to remind students about maintaining "personal space," avoiding head-to-head contact, not sharing personal hair care items, and refraining from touching other children's hair in school.
- A child returning to school after head lice treatment is required to be checked by the school nurse prior to returning to their classroom. (The parent or guardian needs to accompany the child to the health office prior to the start of class.) If live lice are found, the school nurse will refer the parent/guardian and student to their physician for further treatment. If nits are found, the school nurse will encourage the parent/guardian to continue removing nits daily.
- The school nurse will maintain a file containing information on lice and the treatment of lice.

## **Lice Policy Implementation...The Parent's Responsibilities**

Lice control lies primarily with the parents, who have the responsibility for carrying out the safest, most thorough lice treatment possible, as directed by their physician. Parents must take appropriate action to detect, manage and prevent cases of head lice from entering the school. (Remember, schools don't breed lice, people do.)

General Measures: As a part of your routine hygiene, once-a-week head checks should be done at home. This is especially important if your child interacts with various groups of children throughout town (e.g., after-school care programs, gymnastics, dance, scouts, religious education classes, sports where helmets may be shared, sleepovers, etc.).

Educate your child about head lice and how they are transmitted. Lice do not jump or fly. They crawl from head to head by direct contact only. Therefore, it is important to teach your child to maintain their own "personal space" (e.g., not to bunch up in learning groups or in line and not to share headgear, hats, scarves, etc.).

Discuss the subject of lice in an open and matter-of-fact manner, as this helps to demystify the whole matter. If you are calm, your children will also be calm. Additionally, they will feel less stigmatized if lice infestation affects your family and more compassionate if lice affects a friend or classmate.

## **If You Find Lice on Your Child**

- Contact your physician and treat your child as directed. Call the school nurse (even if the lice are found during a school vacation).
- After treatment of lice as directed by your child's physician, remove nits from hair. Removing nits is important because it help to avoid hatching of eggs that have survived the treatment and help to avoid diagnostic confusion in the future. Nits can remain in the hairs for weeks and even years in some cases. (More information on this process may be found within in this handbook.) This can be a long and tedious process. It helps to have a friend or family member assist you and should be carried out in full sunlight, if possible. Often the nurse's office has a magnified, illuminated light, which you may be able to borrow, for checking your child more thoroughly.
- Inform anyone with whom your child has had contact including at "The Y", gymnastics, carpools, friends, etc.
- When you feel you have completed all that has to be done to rid your child's head, accompany him/her to the school nurse to be rechecked prior to his/her return to the classroom. This is a requirement of our school's lice policy. If live lice are found, the school nurse will refer the parent/guardian and student to their physician for further treatment. If nits are found, the school nurse will encourage the parent/guardian to continue removing nits daily.
- When returning to school, tie long hair back securely in ponytails or braids. Instruct your child to leave their hair in place.
- Continue to check your child's head, as well as other family members' heads, at least once a day for a few weeks. If you find many more nits, contact your physician for additional advice. There have been reports of lice resistance to the treatment products which are available.

## Treating Your Child and Affected Family Members

If you find lice or nits on your child's head, you should carefully check all family members before commencing treatment. Approximately 59% of infested students will have an infested family member (Clore & Longyear 1990). In addition to treatment with commercially available pediculicides, other modes of treatment may include: the use of alternative therapies, heating the hair shaft by a lice-treatment specialist, and relying on manual removal alone. Whatever method is carried out, you must be aware that the most seemingly benign material, such as diluted vinegar, can be harmful to the integrity of the treated person's skin and scalp and can make matters worse. Hot blow dryers and gasoline are also not advised as this has caused burns to children in the past. **It is not advisable that anyone who is not infested with live lice be treated with pediculicides, and then, only after consulting with his/her physician.**

Kwell® and other lindane-based products (by prescription) are not recommended. Adverse reactions, ranging from seizure to death have occurred with their use. Conventional treatment involves the use of a pediculicide product, available at your pharmacy (such as NIX® or RID ®) and the manual removal of all nits. There are also prescription shampoos available as well. Contact your doctor for advice on treatment, especially if your child or other members of your family have any conditions that may put them at risk from using a pesticide product. Those who are at the greatest risk from the use of pesticides are: (1) women who are pregnant or nursing; (2) children under the age of two; and (3) patients with pre-existing conditions or who are on medication, have an open wound, suffer from epilepsy or asthma and or have lice/nits in their eyebrows or eyelashes.

Once you have decided upon the appropriate treatment to use and have been directed to do so by your physician, proceed to treat infested family members as follows:

- Assemble materials needed for removal of nits, such as bobby pins, hair clips, nit removal comb, scissors, magnifying glass, tissues/paper towels and small plastic bags. Tie your own hair back.
- A quality metal nit removal comb with an inter-tooth space smaller than nits (0.5-0.8MM) is needed for effective removal of nits.
- Carefully read the package insert and follow all directions that come with the product. For example, you may be directed to apply product to dry, not wet, hair. Remove your child's shirt and provide a towel to protect their eyes. Do not treat your child in the bathtub or shower. Apply the product over the sink, as this confines the lice product to the scalp and neck. Do not leave the product on longer than directed, as this could be harmful.
- The person applying the product should wear protective gloves. The National Pediculosis Association, Inc. (NPA) recommends that a person with open wounds on his/her hands avoid applying pesticides.
- There are crème rinses available (such as Step 2 ®) that claim to make it easier to remove nits. If you decide to use such a product, review and follow all of the directions. (The NPA is neutral in regard to the use of these products and does not discuss them in its literature.)
- Remove all lice and nits as detailed in the section entitled "Successful Nit Removal", working under a good light (bright sunlight is best). A special comb may aid in nit removal, but it cannot remove all nits. Remaining nits must be removed with your fingernails, as described below.
- As they are located, the lice and nits need to be removed from the comb with a paper towel or tissue. Those nits that do not come out with the comb need to be removed with your fingernail (scrape each nit down to the end of the hair) or with a small scissors (cut the individual hair strand). The nits, lice and hair strands need to be placed in a sealed plastic bag and discarded. The NPA recommends that you team up with a friend or family member to search for live lice on the head after the shampooing, screening and nit removal process has been completed. Live lice are fast and quickly scurry away from light.
- When you are finished, put clean clothing on your child. Wash your hands and scrub under your fingernails (a nail brush is helpful). Infested family members should also scrub under their fingernails, particularly any child who has been scratching his/her head.
- Soak any items you have used (combs, bobby pins, etc.) in very hot (not boiling) water for at least 10 minutes.
- Check your child's head thoroughly at least once a day for 14 days. A thorough check involves looking at each hair strand. This may take several hours. Contact your physician if there is evidence of new nits or newly hatched lice. (Although any treatment decision is the sole responsibility of the parents/guardians in conjunction with their family physician, the NPA advises parents to discontinue the use of a chemical product at the earliest sign of treatment failure.) The NPA advises not to retreat with a chemical product on the basis of itchiness alone. After this 14-day period, head checking should become a part of your daily routine.

- Although the nit removal and subsequent daily head checks are time consuming and difficult, they are critical steps to prevent a recurrence. None of the over-the-counter commercial products kills 100% of the nits. Tiny, viable nits that may not be killed by the shampoo or detected and removed in the first head checks will hatch within 7-10 days and the head lice cycle begins all over again. Prescription products are successful in killing the nits, however nit removal is encouraged to avoid diagnostic confusion later.
- Treat your home for lice and nits according to the steps outlined in the section that follows entitled “Treating Your Home.”

## **Successful Nit Removal**

- While the hair is still damp, comb out snarls and tangles with your regular comb.
- Part and secure the hair into four sections. Choose one section on which to start working.
- Start at the top of the head, in the section of hair you have chosen. With one hand, lift a one-inch wide tuft of hair.
- With the other hand, comb with a firm, even motion away from the scalp to the end of the hair. Make sure that the teeth of the comb are as deep into the tuft of hair as possible.
- There are two views on which direction to comb out nits: One is towards the scalp, and one is away from the scalp. It stands to reason that combing toward the scalp may be more beneficial, as it may be easier to get the comb under the edge of the top of the nit to remove it (see photos on page 7).
- Be careful to comb all the way to the end of each one-inch tuft of hair.
- Clean comb and put all lice/nits into a sealed plastic bag.
- Strand by strand, examine each one-inch section for nits and lice that the comb may have missed. Remove each one by using your fingernails (scrape each nit down to the end of the hair) or with a small scissors (cut the individual hair strand). Dispose of nits, lice and hair strands in a sealed plastic bag.
- Using bobby pins or hair clips, pin back each one-inch tuft after you have finished with it.
- Continue combing and pinning until you have completed each one-inch tuft in that entire section of hair.
- Repeat for each of the remaining sections.
- If the hair dries during combing, dampen slightly with water.
- After you have finished the entire head, rinse thoroughly.
- Be sure to discard all lice, nits and hair strands in sealed plastic bags. Wash your hands, scrub under your fingernails and soak all items used in hot water, as described in the previous section entitled “Treating Your Child...”

## **Treating Your Home**

Machine wash all clothing, bedding (including pads, comforter, pillow shams and dust ruffle), pillows, towels, hats, scarves and any other items which have been in contact with your child or affected family members during the last three days, in hot water. Place items in the dryer, set on high, for at least 20 minutes. Continue daily to wash such articles separately in this fashion until you are certain your family is nit free.

Items that are not machine washable, such as stuffed animals and helmets, should be stored at room temperature in a tightly sealed plastic bag for at least two weeks. If a coat of an affected family member has been hanging in the closet with other coats, machine-wash the other coats, send them to a professional dry cleaner or bag them. After you wash the coat, keep it separate from the others until you are certain the owner is nit free.

Vacuum your entire home. Thoroughly vacuum household items that cannot be washed or bagged, such as carpets, couches, chairs and mattresses. Until your family is nit free, the affected members should not sit with their heads against upholstered furniture. You also need to vacuum your car and your child's car seat. Vacuum everything daily until you are certain your family is nit free. Dispose of the vacuum bag after each use.

Do not use household lice sprays. Both the National Pediculosis Association, Inc. and the Center For Disease Control (CDC) strongly discourage the use of insecticide sprays, as they may be harmful to family members and pets and the benefit of their use is questionable.

## **Questions and Answers**

The following are some commonly asked questions regarding head lice. The responses were obtained from several sources. This section is provided for your information only, as it is each parent's or guardian's responsibility to consult with their child's physician and make their own decisions regarding the appropriate treatment for head lice for their family.

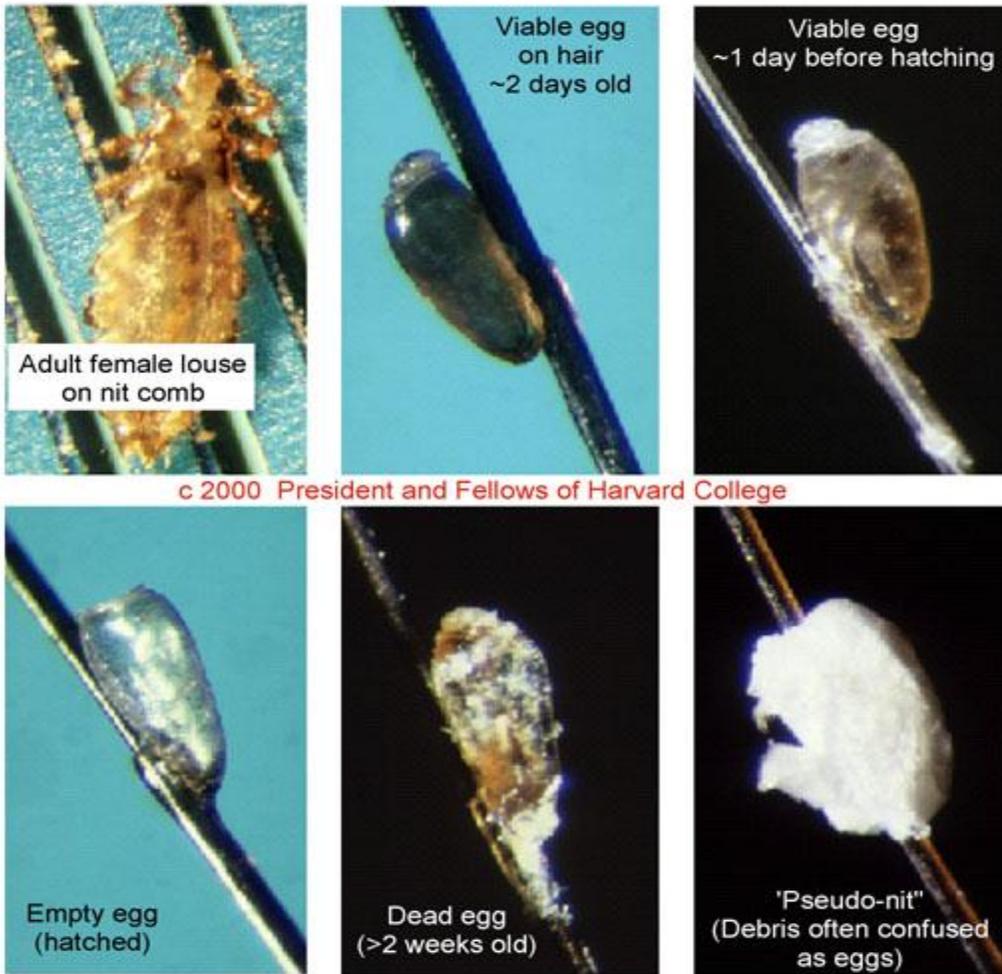
### What Are Head Lice And What Do I Look For?

Head lice (medically termed pediculosis) are small insects about the size of a sesame seed. They are usually light brown, but can vary in color. They move quickly and shy away from light, making them difficult to see. Female head lice lay several eggs (although reports vary, approximately five per day); the eggs are called nits. Nits are tiny, oval, grayish or yellowish-white and are firmly attached at an angle to the hair shaft. As the eggs are deposited, they are cemented to the hair. Unlike dandruff, which they resemble, nits will not wash off or blow away.

Viable nits can be found anywhere within the hair. They are often located at the nape of the neck, behind the ears and at the crown. If you only find nits more than ¼ inch from the scalp (and don't see a nymph or adult louse), the infestation is probably old and does not need to be treated.

### Images to assist in the identification of head lice and their eggs.

<http://www.hsph.harvard.edu/headlice.html>



Nymph Louse (CDC photo)



Adult Louse (CDC photo)

### **How Are Head Lice Transmitted?**

Lice infestation has nothing to do with hygiene, but everything to do with proximity. Frequent bathing or shampooing will not prevent lice, nor eliminate them once they are present. Head lice survive plain water and soap by closing their breathing passages. They do not jump or fly. They are commonly transmitted by hair-to-hair contact with infested persons or with their personal belongings. If two children have their heads together sharing a book, working on a project, playing a video game, wrestling, etc., one child can transmit lice to the other.

### **How Can I Prevent A New Outbreak?**

Notify your family physician, your child's school and all of their contacts. Head checks during the first 14-day period are essential, as well as performing routine, daily head checks. All children should be reminded to "maintain their personal space." This means that they should not share headgear, hair care items and accessories or clothing, including dress-up clothes. Pulling long hair back into a ponytail or a braid is recommended.

### **Are There Any Symptoms Of Head Lice Infestation?**

The itching that occurs when lice bite and suck blood from the scalp is a primary symptom of infestation; however, not everyone will experience itching. If your child complains of an itchy head, or if you notice your child scratching his or her head, the child's scalp should be examined at once. In some cases, red bite marks or scratch marks can be seen on the scalp and neck. In severe cases, a child may develop swollen glands in the neck or under the arms.

### **How Do I Determine If My Child Has Head Lice?**

Closely examine your child's scalp to determine if live lice are present. As noted above, lice are often difficult to detect; diagnosis is more often made on the basis of finding nits. Because nits can be hard to see, you should section your child's hair an inch at a time. Always work under a good light. It's best to examine your child outdoors, using natural sunlight. It may be helpful to use a magnifying glass. Since nits are often located at the nape of the neck, behind the ears and at the crown, particular attention should be given to these areas.

### **What Actions Do I Take If My Child Has Lice?**

Call your family physician, notify the school nurse and your child's contacts and begin treatment. Refer to previous sections of this handbook for details.

### **What Resources Are Available?**

The school nurse maintains a file containing articles and information pertaining to head lice. Please contact her if you would like to review this file.

If you are dealing with head lice for the first time, it may be very helpful to talk to other parents who previously have dealt with head lice in their families. Dealing with head lice may prove difficult and exhausting, but following your physician's instructions and the procedures in this booklet are essential to minimize the risk of re-infesting your family or the school community.

Some excellent websites for more information about lice are:

[www.cdc.gov](http://www.cdc.gov)  
<http://identify.us.com/>  
[www.pediculosis.com](http://www.pediculosis.com)  
[www.headlice.org](http://www.headlice.org)

The NPA also has a toll free number (1-800-446-4NPA) to report lice and scabies outbreaks, adverse reactions to products and treatment failures. Some of the manufacturers of lice shampoos have toll-free numbers with representatives available during regular business hours to answer questions. You may wish to obtain additional information before commencing treatment. **Please do not hesitate to contact your school nurse with any questions that you may have.**

## **Recent Development**

There are newer prescription medications which you may want to discuss with your pediatrician. **Ulesfia** is a benzyl alcohol lotion and does not contain neurotoxic chemicals. It can be used on children as young as 6 months. The FDA approved this medication in April 2009 and early studies of its effectiveness have been good. **Natroba** (a spinosad) is also a benzyl alcohol lotion that kills the lice and the nits. This lotion is indicated for children 4 years and older. Combing after treatment is not required. However, it is suggested to remove lice and eggs to avoid diagnostic confusion in the future. The FDA approved this medication in 2011.

## Resources

American Association of Pediatrics Policy on Lice

<http://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Offers-Updated-Guidance-on-Treating-Head-Lice.aspx>

Center for Disease Control and Prevention. <http://www.cdc.gov/lice/index.html>

Edelstein J. Head Lice for Schools. 2007. Retrieved from Gerri Harvey's Website, School Nurse Perspectives on April 20, 2009

<http://www.gerriharvey.com/>

Frankowski, B. L. & Weiner, L. B, Committee on School Health and Committee on Infectious Diseases. "Head Lice" Pediatrics. 2002; 110:638-643.

Hadfield, L. "Head Lice for Accident and Emergency Nurses" Accident and Emergency Nursing. 2000; 8(2):84-87.

IdentifyUS, LLC, Provider of professional services to quickly identify pests and address other items of interest and concern on November 15, 2010

<http://identify.us.com/>

Messina, A. "The Lousy Truth – A Picky Mom's Guide to Getting Rid of Lice with Minimal Grief" Parent's Magazine. 2009; October: 113-115.

NASN Pediculosis Position Statement

<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/smid/824/ArticleID/40/Default.aspx>

New Jersey Department of Health and Senior Services. "What You Should Know About....Head Lice" on March 10, 2011.

[http://www.state.nj.us/health/cd/documents/f\\_headlice.pdf](http://www.state.nj.us/health/cd/documents/f_headlice.pdf)

Sciscione, P. & Krause-Parello, C. "No-Nit Policies in Schools: Time for a Change" Journal of School Nursing. 2007; 23(1):13-20.

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