

Family Member Checking & Home Cleaning Brief

Extraordinary cleaning measures are not required to stop a lice infestation, but there is some targeted specific cleaning that may reduce the chance of re-infestation.

- Change and wash the pillowcase and bedding used by the infested individual.
- Clean the brushes, combs and other hair items used by the infested individual.
- Only items that are in contact with the head of the person with the infestation in the 24–48 hours before treatment should be considered for cleaning.
- Treat family members who share a bed with the infested individual.
- Lice survival off the scalp beyond 48 hours is extremely unlikely.

Parent Notification

The parent or guardian should be notified of the lice infestation with a call or note sent home with the child at the end of the school day. The note should tell the parent to treat the child immediately, as it is in the best interest of the child and school community.

While not necessary on medical or public health grounds, it makes good sense to check children who may have had direct head to head contact with the infested child. One option is to send a note home to parents of children in the class and have them check and treat their children if live lice are found.

The AAP suggests that schools can be helpful in teaching parents how to manage a lice infestation. They can play a major role in dispelling myths about lice and setting an example of a calm, reasonable and effective approach to treatment of infested children.

Recommended School Guidelines

No healthy child should be excluded from or allowed to miss school time because of head lice.

- No nit policies for return to school should be abandoned. The American Academy of Pediatrics and the National Association of School Nurses discourage no nit policies.
- Head lice screening programs have not been proven to have a significant effect over time on the incidence of head lice in the school setting and are not cost-effective. Because of the lack of evidence of efficacy, routine classroom or school-wide screening should be discouraged.
- Because a child with an active head lice infestation likely has had the infestation for 1 month or more by the time it is discovered and poses little risk to others from the infestation, he or she should remain in class.
- Head lice infestations have been shown to have low contagion in classrooms.
- School personnel involved in detection of head lice infestation should be appropriately trained. The importance and difficulty of correctly diagnosing an active head lice infestation should be emphasized. Schools should examine any lice related policies they have with this in mind.
- School districts are encouraged to update their policies and procedures to reflect the current research and recommendations

REFERENCES:

<http://www.cdc.gov/parasites/lice/>

<http://www.cdc.gov/parasites/lice/head/schools.html>

<http://11pediatrics.aapublications.org/content/>

MARIN SCHOOL NURSES ORGANIZATION

Pediculosis/ Head Lice



What To Do If Your Child Gets Head Lice

Head lice are a common problem in school-age children, are easily treated, and do not carry any disease. Anyone regardless of age, sex, or socioeconomic status can get head lice.

Key Facts:

- Head lice are not carriers of any disease. There is no relationship between personal hygiene or cleanliness of the home and a lice infestation.
- Head lice are spread from one person to another by direct head-to-head contact. Lice crawl from one head to the next and do not jump or fly.
- No healthy child should be excluded from or allowed to miss school time because of head lice.
- No nit policies for return to should be abandoned (American Academy Of Pediatrics)
- Head lice screening programs have not been proven to have a significant effect over time on the incidence of head lice in the school setting and are not cost-effective.

Attention & Treatment

✓ **Head**

✓ **Personal Items**

✓ **Household**

Appearance of Lice, Eggs & Nits

- The adult head louse is small (2–3mm long) about the size of a sesame seed. They are brown to grey in color and have 6 legs.
- Head lice are spread from one person to another by direct head-to-head contact.
- Lice eggs are laid on the hair shaft very close to the scalp, within 1cm (1/4inch) of the scalp. The eggs are firmly attached with a glue-like substance produced by the louse.
- Eggs are tiny and brownish and camouflaged to match the hair color of the infested person.
- Empty egg cases are left behind after the lice have hatched. They appear white against darker hair and are often seen farther down the hair shaft.
- The term “nits” is confusing as some use this term to mean empty egg cases and others use this term to include eggs and empty egg cases.
- Contracting lice infestation from sharing a classroom rug, clothing, hats, combs or brushes is not likely because lice do not survive long off the human head. When lice do leave the human head, they are often damaged and not capable of attaching to another head.

Diagnosis & Treatment

- The best way to diagnose head lice is to find a live louse on the head.
- Examine the child in natural light if possible, dividing the hair into small sections. Use a fine-toothed nit comb or flea comb to comb up from the scalp.
- Children with head lice should be treated as soon as possible to minimize the spread to others.
- If one person in the household has been diagnosed with head lice, everyone in that household should be checked for lice. Those with live lice or eggs within 1cm (1/4 inch) of the scalp should be treated.
- The American Academy of Pediatrics (AAP) recommends over-the-counter permethrin 1% lotion (Nix) as a therapy. Treatment with permethrin may be repeated in 7–10 days if live lice are seen, or routine re-treatment can also be done. Check with your medical provider for advice--some medical providers recommend using permethrin 1% lotion applied for longer than the package directions.
- Benzyl Alcohol 5% (Ulesfia) is FDA approved and available by prescription. This treatment kills the lice by suffocation but does not kill the eggs, it must be repeated in 7 days.
- There are other available lice treatments, but they do not meet the FDA standards for safety and efficacy.



- Manual removal of eggs within 1cm of the scalp after treatment with any product is recommended. Lice medications are not 100% effective at killing the eggs. Nit combs are very helpful in this process.
- Removal of empty egg casings is not necessary but can be useful if there is any question that these may be unhatched lice eggs or for cosmetic reasons.
- It is not necessary to remove eggs immediately after treatment. Once the live lice are gone the risk of infestation is gone. If time is limited, the child should be treated as soon as possible, and then eggs can be removed over the next couple of days.
- Eggs and empty egg casings can be removed from the hair shaft with your fingers (hold onto them and slide all the way off the hair shaft) or by pull the hair out by the root. You can also use a scissors to snip the hair off with the attached egg or egg casing. It is important not to confuse eggs with dandruff, dust or dirt. The eggs and egg casings are firmly attached to the hair shaft but dandruff or dirt will flake off if the hair is moved or blown on.
- Resistance to permethrin has been reported in California. If live lice remain after initial treatment consult your school nurse or pediatrician.