

Head Lice

Guidelines and Protocol for PCSD

What are Head Lice?

- Small tan-colored insects less than 1/8" long.
- They crawl. They do not hop or fly.
- Live on blood they draw from the scalp. Therefore, they can not survive more than 48 hours away from the scalp as adult insects.
- Having an infestation with lice may cause irritation and scratching, which can lead to a secondary skin infection.
- Lice do not carry disease.
- All socioeconomic groups can be affected by lice.
- Head lice does not represent poor hygiene.
- Normal activities may be disrupted by head lice because people can become upset by lice.



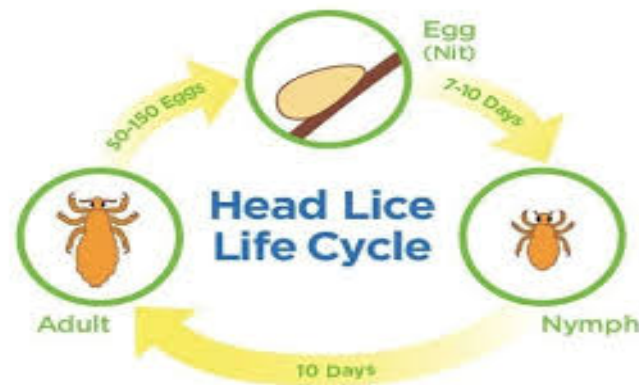
Signs and Symptoms of Head Lice

- Scratching behind the ears and nape of the neck. (Itching results from an allergic reaction to the lice saliva.)
- Nits attached to the hair, most easily seen behind ears and at or near the nape of the neck.
- Open sores and crusting from secondary bacterial infection may cause swollen lymph nodes (glands).



How is Head Lice Spread?

- Lice are spread primarily through direct head to head contact. Shared objects (hats, headgear etc.) are a possible but uncommon cause of spread of lice because the insects prefer to stay close to the blood supply of the scalp.
- Nits hatch best when they are on warm strands of hair.



Treatment

- Medications (pediculicides) that kill lice and nits are the preferred treatment. Some chemicals may require two treatments.
- If a particular chemical fails to work, an alternative chemical that has been shown to be effective should be tried.
- Herbal and “natural” remedies have not been scientifically studied so the safety and efficacy cannot be proven.
- Remedies using common household products (oils, mayonnaise) have not been shown to be effective and some (i.e. kerosene) are dangerous.
- Combing the nits out alone (without chemical treatment) may have some benefit but is time consuming and tedious.

Optional Measures (not required because spread is primarily from head to head)

- Launder articles that were in contact with the infested individual exposing them for 5 minutes to temperatures greater than 128.3 degrees F. then drying them.
- Toys and other items unable to be laundered may be kept away from people (ex. In a plastic bag) for 1 to 2 weeks if there is concern lice crawled onto these items.
- Floors, carpets and furniture can be vacuumed (a safe alternative to spraying).
- Head lice can only live for 1 to 2 days away from the scalp so chemical treatment is not necessary.

Lice may not go away with over-the-counter treatments...

- Head lice has become increasingly resistant to over-the-counter treatments. A referral to a medical provider may be necessary to obtain a written prescription for the treatment of head lice.
- Contact your school nurse if you suspect your child has head lice and would like the nurse to assess your student for possible head lice.

Treatment Support

Utah has support centers for Lice treatment:

- Lice Clinics of America
- 154 East Myrtle Ave. #101
- Murray, UT. 84107
- (801) 675-4239

- Lice Doctors
- No address, make house calls only.
- (801) 477-4730

Roles of Teacher/School Employees

- Report suspicions of lice to the school nurse.
- The school nurse will assess the student.
- If head lice is confirmed, parents will be notified.
- The student is not to be sent home. The student should finish the school day and seek treatment after school. It is the parent's prerogative to take the child out of school early.
- A letter will be sent home with the child with recommendations on how to treat head lice.
- An infested student may return to school only after initiating treatment.

Roles of School Employees Continued

- Notification of parents highlighting head lice outbreaks is not recommended. Per NASN (National Association of School Nurses) these communications should be discouraged because they have been shown “to increase community anxiety, increase social stigma causing embarrassment of affected infested students’, and puts students' right to confidentiality at risk". (NASN)
- Widespread screenings will not take place. Current evidence does not support the efficacy of mass screenings, indeed these screenings often cause more harm than good.
- As always, maintain the confidentiality of each student and treat each family with respect.

References

- Managing Infectious Diseases in Child Care and Schools. A Quick Reference Guide, 4th Edition. S.S. Aronson, MD, FAAP and T.R. Shope, MD, MPH, FAAP. 2017.
- National Association of School Nurses.
<https://www.nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-head-lice>

Thank you!

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