**SUBJECT: PEDICULOSIS (HEAD LICE)**

**Detection and Treatment**

Head lice are most often found along the sides of the head behind the ears and along the nape of the neck. Students suspected of having head lice should be diagnosed by trained school medical personnel (usually the school nurse) who has received appropriate training in lice identification. As lice are often misdiagnosed, use of magnification may be necessary to see the actual crawling lice. Nits, or lice egg casings, are more easily recognizable, but may not require treatment if they alone are found on a student's head. Since a continuous blood supply is necessary for survival, nits found greater than a 1/4 inch away from the scalp, are unlikely to be viable.

Once live lice are discovered by the school nurse, a student may return to the classroom and be monitored by the classroom teacher to prevent the student from having close contact (head to head) with other children for the remainder of the school day. The parent/guardian should be contacted by the school nurse and instructed about appropriate treatment of head lice. Communication with the parent/guardian is very important to educate him/her about head lice and to assure compliance with treatment. An appropriate fact sheet with instructions may be sent home with the student. Other school-age siblings who live in the same home may also need to be evaluated. Once diagnosis has been confirmed and treatment has occurred, the student may be readmitted to school upon examination by the school-designated personnel who find no evidence of live lice on the student. The existence of nits alone should not delay the student's return to school.

If one or more students in the same classroom are found to have active cases of head lice, a notice to parents/guardians of all students within the classroom or grade may be sent via letter or email alert. These letters should be sent at the discretion of the school principal with input from the school nurse. In accordance with FERPA/HIPAA, school officials may not disclose to any other parent or guardian the name(s) or private health information of affected students.

The most common method of treatment is with the use of over-the-counter head lice medication. Sometimes in more persistent cases, prescription medication may be appropriate. Consultation with a student's physician/health care provider may be appropriate.

Avoid the use of environmental sprays or chemical cleaners in classrooms, lockers, and/or on gym mats or other school equipment as a means of controlling a head lice infestation. Head lice must maintain a constant warm temperature and do not live off the body for very long. Use of chemical sprays or environmental sprays may create breathing problems for children. Some chemicals in these sprays may be absorbed through the skin or mucous membranes.

**Nurse Responsibilities**

1) Provide education and materials as needed to families;

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**SUBJECT: PEDICULOSIS (HEAD LICE) (Cont'd.)**

2) Train and support school staff on lice detection and procedures to follow to minimize cross-contagion in the classroom;

3) Discuss treatment options and prevention of re-infestation with the family;

4) Protect the confidentiality of students and their families; and

5) Conduct examination for the re-admittance to school after treatment.

**Teacher /Staff Responsibilities**

1) Discourage close head contact in the classroom. Separate coats, hats, scarves, and gloves placing hats, scarves and gloves in pockets or sleeves of student coats. Instruct students to follow the same process when hanging up their own coat. When there is an infestation, place articles into individual plastic garbage bags before placing on hooks in the coat room or in lockers.

2) Teach students not to share combs, brushes, hats, scarves or any other personal headgear or try on other people's hats.

3) Shared headgear such as helmets, earphones etc should be cleaned and disinfected with a disinfectant or rubbing alcohol before being issued to other students.

4) Be alert to signs of potential lice infestation in students such as scratching of the head, particularly at the nape of the neck.

5) Notify the school maintenance department so that appropriate cleaning of classroom items can occur. Vacuuming of rugs, pillows, carpet squares and upholstered furniture may be necessary.

6) Seal non-washable articles in a plastic bag for at least fourteen (14) days at room temperature or twenty-four (24) hours at temperatures below freezing.

**Parent/Guardian Responsibilities**

1) Parents should check their child/children before school begins in the fall and before returning from school breaks.

2) Contact the school if the parent knows or suspects that his/her child/children may have lice.

3) Inform family and friends so that they can check their children.

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4) Once officially diagnosed with head lice, the child should be treated according to medical instructions, following directions on the suggested medication to control transmission. If over-the-counter treatments are not successful, contact your physician or health care provider for prescription medication.

5) Examine all household members of the family to check for infestation and treat appropriately.

6) Soak brushes, combs and other hair accessories in lice shampoo or in hot water above 120 degrees for ten (10) minutes.

7) Wash clothing, bedding and linens by machine washing and drying using the hot cycle for twenty (20) minutes.

8) Vacuum all rugs, carpets, furniture, car, car seats and strollers. Discard the vacuum bag or if using a bag-less vacuum, secure vacuum contents immediately after vacuuming.

9) Use of environmental sprays is NOT recommended due to toxicity and ineffectiveness