

Protocol for Pediculosis (Head Lice)

Clayton Ridge School District (CRCSD) has formulated a district wide plan to address Pediculosis (head lice). Recommendations from the Centers for Disease Control (CDC), the Iowa Department of Public Health (IDPH), and the National Pediculosis Association (NPA) were all taken into consideration when developing this plan.

It is evident that there are many, varying opinions on the treatment of head lice. Children and families often receive conflicting information regarding head lice and its treatment.

The purpose of this plan is to provide the most accurate, up-to-date information regarding head lice and provide a consistent method for managing head lice in the schools. The goal is not to eradicate pediculosis, since that is impossible, but to educate CRCSD families and staff and keep pediculosis at a manageable level.

According to the National Association of School Nurses, “studies show that lice are not highly transferable in the school setting.”

Head lice are rarely transmitted through environmental vectors such as furniture, pillows, towels, ETC. Lice do not jump/fly and cannot survive on pets/animals.

Our approach is to give guidance and education to families on preventative measures and in detecting head lice, along with treatment when necessary. The plan does not emphasize environmental cleaning, but rather the focus should be on shampooing and the task of nit removal.

Head Lice Background/Rational for District Protocol

Pediculosis most often affects children between the ages of three and twelve. Head lice affects children from all socio-economic backgrounds.

Head lice knows no boundaries related to gender, race or cleanliness. It is slightly more common in females than males. Complications exist from the overuse of the pediculocide (lice killing shampoo) that is commonly recommended for the treatment of head lice. Alternative non-toxic treatments are also available. Correct information is crucial in educating people about the risks of head lice and its treatment.

This plan is designed to help CRCSD nurses, CRCSD staff, health care providers, students and families effectively manage head lice.

Plan for identified Head Lice Cases

Children will not be excluded from school on the day head lice are first detected. Child/children can be excluded from school if live lice are observed after the two-week treatment plan is completed. Re-admittance of the child to school after exclusion will be at the discretion of the school nurse and also after the child has been re-treated.

Exclusion from a school is not punitive but is intended to respect the right of each individual to be louse free.

- 1) . The school nurse or designated personnel will provide information for the family on the treatment and prevention of head lice. The health office will send home a copy of the CRCSD Head Lice Control Checklist (Handout B) to aid the family with treatment of head lice.
- 2). Open communication is encouraged between schools, health care providers, agencies and families in an effort to reduce the incidence of head lice.
- 3). Families are responsible for weekly inspection of their child’s hair and for reporting head lice to appropriate schools, child care providers or other close contacts.
- 4). The parents, families or designated adults will be responsible for completing the nit and/or lice removal.

- 5). Families who have difficulty purchasing the lice-killing shampoos (pediculocides) should contact the school nurse who can direct the family to other resources or recommend alternative treatments.
- 6). School will not do mass screenings, but will screen on an individual basis by referral from parent/guardian or school staff.

Pediculosis Prevention Plan for CRCSD

1. Educate staff, parents and students on ways to prevent head lice.
2. Keep mats, pillows and belongings separated.
3. Avoid stacking/piling or hanging coats on top of each other.
4. Encourage students to keep hats and scarves in their coat sleeves.
5. Remind students not to share combs, brushes, scrunchies, barrettes, hats and scarves.
6. Avoid sharing earphones and helmets.
7. Watch for signs i.e.: frequent head scratching.
8. Remind parents to do careful weekly inspections of their child's hair in good light. This may take 15 minutes or longer to perform. Instruct families not to confuse lice with hair debris: (dandruff, hair spray droplets or dry skin).
9. Encourage families to inform any of their children's contacts regarding exposure i.e.: friends, overnight guests, relatives, and sport teams, (especially those teams sharing hats or helmets) and all other possible outside contacts.
10. If 3 or more cases of lice are found in one classroom at the primary level, the school will send a letter to the families of students in that classroom.
11. Encourage students with longer hair to keep hair pulled back or kept up.
12. A student can be excluded from school if live lice are observed after 2 weeks from the initial notification. Earlier exclusion may be at discretion of the school nurse's assessment. Re-admittance of child to school after exclusion will be at the discretion of the school nurse and also after the child has been re-treated.
13. Families who require repeated treatment should consult a physician.

Treatment Plan for Parents/Guardians

Step One: Identify Persons with Lice

- Thoroughly screen all household members and inform any of the child's close contacts regarding exposure i.e.: friends, overnight guests, relatives, sports teams (especially those sharing helmets and caps) and all other possible outside contacts.
- Your child will not be excluded from school on the day head lice are first detected.

Step Two: Treatment

- Effective treatment includes prescription, over the counter or alternative methods. Be sure to read the instructions carefully before treating the child and follow the instructions.
- Lice killing treatments are not 100% effective in killing nits and lice. Nits often survive, hatch and re-infest the child and others. The remaining nits will hatch within 7 days. So a second treatment is recommended. Read and follow label directions for second treatment. Pay particular attention to the amount of time recommended for the lice-killing treatment to be left on the hair and scalp.
Medicated shampoos should not be used on a regular basis or as a preventative measure.
- **Discourage families from using lice-killing shampoos unless they actually have lice/nits.**
- Itching of scalp may occur after treatment due to scalp irritation. Contact health care provider if child develops open sores on scalp or neck after treatment.
- Consult a health care provider if the child or family members are pregnant, nursing, under 2 years of age, have open wounds on their scalp or neck, have known allergies or if the eyebrows and eyelashes are infested. These precautions apply to the persons administering the treatment as well as those receiving the treatment.

Step Three: Daily Shampooing and Combing

After treatment/shampooing, remove nits or any remaining lice on hair daily by:

- Comb the child's hair and separate the hair into small sections.
- Starting at the top of the head next to the scalp lift one inch of hair up and comb out the entire length of the hair strand with a nit comb.
- Repeat the above until all sections have been thoroughly combed, remembering the bangs.
- Use a comb specifically designed for removing nits or use your fingers to manually remove nits.
- **Regular shampooing and conditioner/cream rinse daily for 2 weeks, followed by fine tooth wet combing with 'nit/lice' comb assures success in eliminating lice.**
- Nits and lice that are removed from the head should be disposed of carefully. Vacuum the area where child's hair was combed daily.

Note this is a very time consuming procedure. Depending on the length of your child's hair, this process may take several hours.

Some suggestions for younger children:

- Wash child's hair and use conditioner. Leave conditioner in to facilitate wet nit combing.

- Have child sit in a comfortable position and use good lighting.
- Put in your child's favorite video or TV show (helps distract child from adult doing the combing)
- Praise your child for being still and cooperative with the combing session.

Step Four: Environment

- Assure that the child's personal belongings are machine washed in hot soapy water: (hats, caps, bed linens, towels and recently worn clothing).
- Wash combs, brushes, hair ties, headbands, barrettes, clips in hot water.
- Environmental lice sprays are generally not effective and **NOT** recommended.
- Stuffed animals can be placed in a tightly closed bag for 14 days, or placed in a hot dryer for 30 minutes to kill lice.
- Pets and animals do not carry human head lice, therefore spraying pets is unnecessary since head lice need human blood to survive.

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Code No. 507.10E1

FAMILY NOTIFICATION – HANDOUT A

There has been an incidence of lice found in your child's classroom. Although school transmission is low, school requests that you check your child's head tonight for at least 15 minutes in good light and then check it weekly.

Please review the following material for guidance.

Please keep in mind that having lice is not a sign of poor hygiene. **ANYONE CAN GET LICE!** Screening is the key to identifying head lice early when it is easier to treat.

Procedure:

- Look for nits/eggs by sectioning off hair in small sections. The nits are tiny and may be yellow, white or brown in color. These oval eggs are firmly attached to the hair shaft. It is easiest to see the nits and lice in natural lighting near a window.
- Nits may be located ANYWHERE on the hair shaft, but only nits near the scalp are likely to hatch.
- More frequently, a diagnosis is made by seeing nits instead of lice.
- Look for lice. Lice are various shades of brown and range in size from the size of a pencil point to ¼ inch in length. Lice will crawl away from the light quickly.
- LICE DO NOT JUMP OR FLY but do crawl quickly.
- LICE DO NOT live on animals/pets.
- Lice can be located anywhere on the scalp or in the hair, especially at the nape of the neck, behind the ears and at the crown.
- Be aware that other particles on the hair shaft may resemble nits, hair spray droplets, dandruff and dry skin. These particles can be removed more easily than nits. Nits are attached to the hair shaft and are only removed by pulling the nit down the entire length of the hair shaft either with the fine toothed nit comb or by pinching the nit with the fingertips/nails to "slide" it off the hair shaft.
- Ideally, screening should be performed in private settings or areas.

If your child is identified as having lice, please contact your child's school nurse for a treatment checklist or call your child's health care provider for treatment guidance. You may also call the VNA for assistance.

Code No. 507.10E2

LICE CONTROL CHECK LIST FOR PARENTS/GUARDIANS-HANDOUT B

Date: _____ Your child _____ was found to have head lice/nits today.

Step One: Identify Persons with Lice

- Thoroughly screen all household members and inform any of the child's close contacts regarding exposure i.e.: friends, overnight guests, relatives, sports teams (especially those sharing helmets and caps) and all other possible outside contacts.
- Your child will not be excluded from school on the day head lice are first detected.

Step Two: Treatment

- Effective treatment includes prescription, over the counter or alternative methods. Be sure to read the instructions carefully before treating the child and follow the instructions.
- Lice killing treatments are not 100% effective in killing nits and lice. Nits often survive, hatch and re-infest the child and others. The remaining nits will hatch within 7 days. Therefore, a second treatment is recommended. Read and follow label directions for second treatment. Pay particular attention to the amount of time recommended for the lice-killing treatment to be left on the hair and scalp. **Medicated shampoos should not be used on a regular basis or as a preventative measure. (SEE REVERSE SIDE for alternatives to medicated shampoos)**
- **Discourage families from using lice-killing shampoos unless they actually have lice/nits.**
- Itching of scalp may occur after treatment due to scalp irritation. Contact health care provider if child develops open sores on scalp or neck after treatment.
- Consult a health care provider if the child or family members are pregnant, nursing, under 2 years of age, have open wounds on their scalp or neck, have known allergies or if the eyebrows and eyelashes are infested. These precautions apply to the persons administering the treatment as well as those receiving the treatment.

Step Three: Daily Shampooing & Combing *(Depending on the length of your child's hair, this process may take several hours).*

After treatment/shampooing, remove nits or any remaining lice on hair daily by:

- Comb out the child's hair with a fine toothed nit comb by first separating hair into small sections.
- Starting at the top of the head next to the scalp lift one inch of hair up and comb out the entire length of the hair strand.
- Repeat the above until all sections have been thoroughly combed, remembering the bangs.

- Uses combs specifically designed for removing nits or use your fingers to manually remove nits.
- **Regular shampooing and conditioner/cream rinse daily for 2 weeks, followed by fine tooth wet combing with ‘nit/lice’ comb assures success in eliminating lice.**
- Nits and lice that are removed from the head should be disposed of carefully. Vacuum the area where child’s hair was combed daily.

Some suggestions for younger children:

- Wash child’s hair and use conditioner. Leave conditioner in to facilitate wet nit combing.
- Have child sit in a comfortable position and use good lighting.
- Put in your child’s favorite video or TV show (helps distract child from adult doing the combing)
- Praise your child for being still and cooperative with the combing session.

Step Four: Environment

- Your child’s personal belongings should be machine washed in hot soapy water: (hats, caps, bed linens, towels and recently worn clothing).
- Wash combs, brushes, hair ties, headbands, barrettes, and clips in hot water.
- Environmental lice sprays are generally not effective and **NOT** recommended.
- Stuffed animals can be placed in a tightly closed bag for 14 days, or placed in a hot dryer for 30 minutes to kill lice.
- **Pets and animals do not carry human head lice, therefore spraying pets is unnecessary since head lice need human blood to survive.**

Code No. 507.10E3

Alternative Head Lice Treatment

Natural and Non-Toxic

Note: Do not use these alternative treatments if child has any allergies to any components to the product ingredients.

****DAILY COMBING WITH REGULAR SHAMPOO AND CONDITIONER NEEDS TO BE DONE TO REMOVE NITS AND LICE.**

USE ONE OF THE FOLLOWING ALTERNATIVE TREATMENTS: Mayonnaise, Vaseline, Styling Gel, Olive Oil or Baby Oil.

PROCEDURE:

1. Apply agent thickly to suffocate lice. (Do not use lite or low fat mayonnaise or Miracle Whip). Product should remain on the hair for a minimum of 3 hours (covered with shower cap or towel). Lice can be removed by regular shampooing, regular conditioner/cream rinse application and fine tooth combing while hair remains wet.
2. Shampoo daily followed by conditioner/cream rinse and fine tooth “nit” combing for 2 weeks to remove nits and lice. Repeat treatment with alternative product in one week. Repeating this procedure weekly for 1 month will decrease likelihood of reinfestation.
3. Reinfestation is likely to occur if nits/eggs are not totally removed.

ANOTHER ALTERNATIVE TREATMENT: Mineral Oil, Apple Cider Vinegar

PROCEDURE:

1. Mix these two ingredients in equal parts, example – ½ cup to ½ cup
2. Saturate head/hair with mixture and cover with shower cap. Leave on at least one hour, then shampoo with regular shampoo followed by regular conditioner. Perform fine tooth combing of hair as described in step 3 of treatment plan.
3. Shampoo daily followed by conditioner/cream rinse and fine tooth “nit” combing to remove nits and lice. Repeat treatment with product in 1 week. Repeating this procedure weekly for one month will decrease likelihood of reinfestation.
4. Reinfestation is likely to occur if nits/eggs are not totally removed.