

### **CONTROL OF HEAD LICE**

Children identified with head lice infestation (pediculosis) will be sent home with the parent or designated adult. Children with working parents or those children who cannot be sent home will remain in school with restrictions on activities that require close personal contact.

Parents who visit the school to pick up their children will be given information about the treatment and follow-up of head lice from the school nurse or secretary. Those parents unable to pick up their children will be given the same information over the telephone, if possible. The parent will be given a letter of instructions to take home. When this is not possible, the child will be given the information to take home. They will be instructed in:

- A. Treatment methods for head lice and nits; instruction will cover treatment of the child, his/her clothing and other personal articles.
- B. Identification of nits in the child or other family members and contacts and importance of treatment.
- C. Referral to the local health department applying to head lice, (prescriptions, rechecks, etc.).
- D. How to remove nits from the hair shaft, and the importance of this.
- E. Readmission policy:  
  
The child may return to school the morning after treatment. At that time, the child must be free of lice.
- F. A school nurse or school secretary will be assigned to recheck the child's head the morning he/she returns to school. If live lice are found, the parent will be notified and expected to take the child home immediately.

### SAMPLE LETTER

Dear Parent:

Your child was examined today and found to have head lice and/or nits. This is a treatable condition that is not associated with any serious medical complications. This letter will acquaint you with the nature of this infestation and what should be done to get rid of it.

Head lice are transmitted through close personal contact with another infested individual. Occasionally, transmission occurs by sharing combs, brushes, and other grooming aids; through sharing hats, caps, wigs, or coats; or through co-mingling of these items at the homes of friends, at school, at church, or other public places. Most parents have the impression that only persons who are unclean become infested with head lice. This is not true! Frequent bathing will neither prevent head lice nor eliminate an infestation once it has become established.

Head lice are elongated insects about this (--) long and are greyish white with dark margins. LICE DO NOT JUMP, FLY, OR STAY ALIVE FOR LONG PERIODS OFF THE HUMAN HEAD. They do move very quickly once on the head and are difficult to find.

Because head lice are good at hiding in the hair, an infestation is only diagnosed by finding nits. A nit is a louse egg. Nits are teardrop-shaped, about the size of a typewritten comma, and vary from yellowish-brown to white. Head lice attach each nit to a hair shaft with a waterproof, cement-like substance. Thus, nits cannot be washed out or brushed out of the hair like dandruff or other debris that may look like nits to the naked eye. Clusters of nits may be found in any section of hair, but when there are only a few lice present, a careful examination of the hair and entire scalp may be necessary to detect them.

It is necessary to treat the infested individual and his contacts, including family members, if found to be infested. Personal articles that the child and any infested contacts have worn or used within the past two days should be cleaned. The following treatment procedure should be carried out before your child returns to school:

1. Obtain head louse shampoo from your pharmacy. Several medicated shampoos (pediculicides) are available for head lice: A-200 Pyrinate, Kwell, Prioderm, RID, XXX, etc. Only Kwell and Prioderm require a prescription. Prescriptions can be obtained from your private physician, or at the health department.
2. Apply shampoo according to the manufacturer's instructions, or according to the instructions you received from your physician or health department. DO NOT OVERTREAT!
3. Have your child put on clean clothing after the treatment.

4. Manually remove all nits from the child's hair.
5. Repeat treatment with the pediculicides in 7-10 days because not all nits die with the first treatment and some may have been missed in the manual removal process.

Since heat kills lice and their eggs, many personal articles can be disinfested by machine washing in HOT water and/or drying using the HOT cycle of the dryer. Both eggs and adults are killed in 5 minutes at 125 degrees. Home hot water heaters keep water at about this temperature when the heat selector is set on medium or high. Drying clothes on the high heat setting for 20 minutes will also accomplish this disinfestation.

Personal articles of clothing or bedding that cannot be washed or dried may be dry-cleaned or simply placed in a plastic bag and sealed for 10 days. Combs, brushes, and similar items can be disinfested by soaking them in one of the pediculicide shampoos or by soaking them for 5-10 minutes in a pan of water heated on the stove to about 150 degrees

Carpets, furniture, etc., do not require special treatment as lice live only a short time away from the head. Simple vacuuming is sufficient treatment of these articles. USE OF INSECTICIDES, OR FUMIGATION IS NOT NECESSARY!

Parents of your child's closest friends must be notified that their child may also be infested. This is particularly important if the children have slept together or participated in activities involving frequent body contact, such as wrestling, ballet classes, football, etc. If the friend becomes infested while playing with your child and is not treated, your child may become reinfested from his friends. TREATMENT DOES NOT PREVENT REINFESTATION.

Please bring your child to school the morning following treatment. Do not send your child on the school bus! The school nurse or a trained school employee will examine your child's hair and scalp at that time. Should any live lice be found, you will need to take your child home.

Thank you for your assistance in this matter.

School Nurse

Principal