

PEDICULOSIS (HEAD LICE)

Head lice is a universal problem and is particularly prevalent among elementary school-age children. Control of lice infestation is best handled by adequate treatment of the infested person and his/her immediate household and other close personal contacts.

Communication from the school to parents directly and through parent and classroom education to the students will help increase the awareness for both parents and child. Parents need to continually observe their child for this potential problem and treat adequately and appropriately as necessary.

Whenever a student is found to be infested with head lice, s/he is to be sent home immediately for treatment and not readmitted until the student is free of head lice. If the student returns to school free of head lice but exhibits nits, school personnel will conduct examinations on that student until the student is free of nits. Furthermore, school personnel may use additional resources both internal and external as needed in cases of habitual reoccurrence of head lice.

The necessary treatment is contained in Form 8451 F1 which is to be sent to the parent along with the cover letter (Form 8451 F2).

The other students in the infested student's classroom and the student's sibling(s) should be examined for evidence of either the lice or lice eggs (nits). The examinations should be done by each student's parents. If necessary, school personnel may conduct the examinations.

Adopted 3/5/13

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NOTIFICATION OF HEAD LICE

Dear Parent:

Your child has been sent home today because s/he was found to have head lice. This is an easily-treated condition that is generally not associated with any serious complications but is highly contagious.

Head lice are usually transmitted through:

- A. close personal contact with another person who is infested with the lice or through the use of shared combs, brushes, and other grooming aids, or
- B. sharing caps, hats, or coats or co-mingling of such items at homes of friends, at school or church, or at other places.

Many parents have the impression that a person becomes infested with head lice because s/he is unclean. This is NOT TRUE. Frequent bathing neither prevents head lice nor eliminates the infestation.

Adult head lice are elongated insects about the size of a sesame seed and are greyish-white in color. Recently hatched lice can be even smaller. They do not have wings nor can they jump. They do move very quickly which can make it difficult to find in a child's hair. Because they can be so hard to see, the diagnosis of head lice is often made by examining the scalp for NITS. A nit is the louse egg. It is tear-shaped, about the size of a pin head, and varies in color from white to yellowish-brown. Head lice attach each nit to a hair shaft in a water-proof, cement-like substance. This means they cannot be washed or brushed out of the hair or scalp like dandruff and other such particles that sometimes look like nits to the naked eye. Clusters of nits may be found in any section of the hair so a careful examination should be made of the entire scalp.

We have enclosed a form which describes the necessary treatment. Your child may return to school when s/he is free of head lice. If you have any questions, please call the school office as soon as possible. You may wish to consult with your physician or the local health department concerning the treatment.

Thank you for your attention to this matter.

Sincerely,

Principal or School Nurse

TREATMENT OF HEAD LICE

The following is a suggested procedure you may wish to confirm with your physician or the Wisconsin Division of Public Health prior to use.

A. Treatment of the Child

1. Remove all of your child's clothing and place him/her in a bath or shower stall and the clothing in a plastic bag.
2. Apply head louse treatment according to your physician's instructions or label instructions provided by the drug manufacturer. The Wisconsin Division of Public Health provides the following advice:

"There are several medicated shampoos commonly used to treat head lice. Shampoos or crème rinses that contain one percent (1%) permethrin have the fastest killing time against adult lice and the highest nit-killing capability. Permethrin has a residual effect that will continue to kill nits for several days after the first application. While one (1) application should be sufficient to kill lice and nits, some experts suggest a second treatment one (1) week after the first. Although resistance to permethrin has been reported from other countries, no resistance has been reported in the United States.

Shampoos which contain pyreterin kill lice quickly but do not leave a residual that will continue to kill nits, resulting in a less effective treatment. Two (2) applications of these types of shampoos 7-10 days apart are recommended to kill nits.

Shampoos containing malathion and lindane are available by prescription only. Lindane has the slowest killing time for head lice (up to several hours) and the lowest nit killing capability. Lindane is not recommended for young children, or pregnant or nursing women, and should only be used if other approved therapies do not work or cannot be tolerated. Misuse or overuse of lindane may be toxic. There are widespread reports from countries other than the United States of lice being resistant to lindane.

Alternate Treatments:

Alternate treatment methods such as the use of tub butter or margarine, mayonnaise, vaseline and Olive oil, designed to smother head lice and nits can be used with discretion for those persons for whom lice-killing medications have failed. The effectiveness of alternate treatments is unclear."**

If your child has allergies or asthma, please consult with his/her physician. If the package directions indicate, apply a second treatment ten (10) days later to kill lice that hatch after the initial treatment. Do not over apply.

3. Do not apply any household insecticide or other chemicals not specifically labeled for treating head lice on people. Toxic or flammable substances, particularly when used with hair dryers, may cause injuries or death. Because it is easy to burn the hair and the scalp, this method should not be used.
4. Have your child put on clean clothing after treatment.
5. All family members and close friends of your child should be examined. Family members who have evidence of infestation (crawling forms or nits) should be treated. Anyone who shares a bed with a known infested child should be treated, whether or not there is evidence of infestation at the time of the examination.

B. Decontamination of Personal Articles and Environment

The Wisconsin Division of Public Health also advises the following:

"To prevent the spread of head lice avoid physical contact with infested individuals and their belongings, especially clothing, headgear, brushes, combs and bedding. Combs and brushes used on infested persons should be immersed in hot water (>130 degrees F), Lysol, rubbing alcohol or a lice-killing chemical for one (1) hour. Floors, rugs, pillows and upholstered furniture should be thoroughly vacuumed, and the vacuum bag discarded when complete.

Clothing linen and cloth toys worn or handled by an infested individual within two (2) days of being diagnosed with head lice should be washed in hot water (>130 degrees F) or machine dried at the hottest setting for twenty (20) minutes. Other articles may be dry cleaned or sealed in plastic bags for at least ten (10) days to destroy lice and eggs.

In addition, parents should perform regular lice checks on the scalp of children who attend school especially when excessive itching is noticed.

Fogging with insecticides or spraying the environment with lice-killing chemicals is not recommended".**

Using household insecticides to treat the home, vehicles, carpets or furniture will unnecessarily expose your household to harmful chemicals. Consult with your doctor or the Wisconsin Division of Public Health for recommended treatments to disinfect these areas.

C. Notification of Other Parents

Parents of your child's closest friend(s) should be notified that their child may also be infested since the children play together. 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.

D. Returning to School

Your child may return to school when s/he is free of head lice.

******(Wisconsin Division of Public Health, Bureau of Communicable Disease, Communicable Disease Epidemiology Section, PPH 42078 06/01)

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