

NO LIVE-LICE POLICY

BRADFORD COUNTY SCHOOL DISTRICT
AND
BRADFORD COUNTY HEALTH DEPARTMENT

Head lice create the most common form of ill will in the schools. They are the nuisances, not the students, not the family. Remember to keep the best interest of the child in mind. Provide as much privacy and confidentiality as possible. Handle the situation kindly, gently and with sensitivity. Strive to ensure that the children do not feel badly about themselves because they have head lice. Keep in mind that *anyone* can get them.

Procedure for Prevention and Treatment of Pediculosis:

1. Students who are displaying signs of head lice, such as excessive scratching of the head, may be sent to the health room to be checked, as needed. A thorough examination of the hair and scalp should be done for the presence of live lice.
 2. If nits or lice are found, siblings should be checked for lice infestation as well.
 3. **If nits are present**, attempt to make contact with the parent/guardian and send the Nit Notification and Treatment Letter home with the student. Give student a return to class pass from the health room/RN. Student must report to the health room on a daily basis to monitor process of nit removal until no nits are found**. A final re-check will be performed on the 10th day. If nits are still present, the RN should be notified for follow-up with the parent/guardian.
 4. **If live lice are present**, call parents to pick up the student.
 5. Give parent/guardian the following forms and *review the information with them*:
 - A) Head Lice Notification and Treatment Letter
 - B) Head Lice Treatment & Nit Removal Plan
 - C) Additional Head Lice Information for Parents/Guardians
- **NOTE: If the parent does not pick the student up, he/she can be given the information and ride the bus home at the discretion of the principal.**
6. After live lice treatment, the student **must report to the health room with parent/guardian** to be examined for lice/nits before they can return to class.
 - A) If no lice or nits are present, the student can return to class with a pass from the health room. However, student must report to the health room in **10 days** for a final lice/nit recheck.
 - B) If lice are present, the student is sent home with parent/guardian.

****NOTE:** Presence of lice 24 hours after treatment suggests a very heavy infestation, re-infestation, resistance to therapy, or incorrect use of treatment product. Discuss with parent/guardian what treatment was used and re-instruct on treatment options. The parent/guardian may contact their licensed healthcare provider regarding re-treatment with a pediculicide.

C) If nits are present, notify parent/guardian using the Parent Notification Form and encourage continuing daily efforts to remove all nits. **Student can return to class with a pass from the health room.** Student must report to the health room on a daily basis to monitor process of nit removal until no nits are found. Student must report to the health room in 10 days for a final lice/nit recheck. The Health Aide/RN will use the head lice/nit-tracking log to monitor progress.

7. Classroom head checks are not recommended. A head lice information sheet is available and can be used at the principal's discretion.

CLASSROOM CONTROL MEASURES

There are several measures schools can take to help reduce or control the number of cases of lice.

- ♦ Avoid head-to-head (hair-to-hair) contact during play and other activities.
- ♦ Encourage children not to share clothing such as hats, coats, sports uniforms, hair ribbons, or barrettes.
- ♦ If possible, provide separate hooks for clothing or individual lockers.
- ♦ If headphones are shared, wipe clean after each use.
- ♦ Encourage children with long hair to keep it tied or braided.
- ♦ Carpeted areas should be vacuumed as frequently as possible. Head lice are seeking new hosts, not hiding places. **Use of insecticide sprays is not recommended.** Head lice can only survive 1-2 days away from the scalp.
- ♦ Reinforce these messages before vacations and holidays.
- ♦ Watch for the telltale scratching that might indicate head lice. If you suspect that a child has head lice, contact the school health aide.

CHRONIC LICE PROCEDURE

If head lice continue to be a recurring problem, the following procedures should be followed:

- ♦ Chronic lice is defined as a child having live lice **three times** in a school year; **and** the child has been **absent for 10 or more days** in a school year due to lice.
- ♦ When a case of **chronic lice** occurs the Health Aide/school employee will contact the RN and she will schedule a home visit and/or parent/guardian contact.
- ♦ The home visit/contact will include instructions, demonstrations and counseling regarding the lice situation. The contact will be **documented** in writing in the student's professional treatment record, or on a progress note which will then be attached to the student's clinic pass.
- ♦ **Prior** to returning to class, the student **must** be checked for lice and rechecked again in 10 days.
- ♦ If the situation persists, prosecuting the family under the compulsory attendance law may be considered.

Following proper procedure and documentation is essential in cases of chronic lice. The head lice/nit tracking logs must be used in order to monitor the process.

HEAD LICE NOTIFICATION AND TREATMENT LETTER

Dear Parent/Guardian:

Your child, _____ currently has head lice. Getting head lice can happen to any child and is not a reason for panic or embarrassment. Head lice are passed from person to person by direct contact. While they cannot fly and do not jump, they do move quickly. That is why it may be difficult to find them in your child's hair. Please see the reverse side of this letter for instructions about treating head lice/nits.

Your child may not return to school until he/she is treated for head lice. Treat your child today so that your child can return to school tomorrow.

You must bring your child to the school health room to be rechecked for the presence of lice/nits before returning to class.

It is important that you teach your child ways of avoiding head lice. Instruct your child not to share hats, brushes or hair accessories with others. If you have difficulty identifying or removing the lice/nits, please feel free to call our school health room at _____ for assistance.

Sincerely,

School Health Staff

Date

HEAD LICE TREATMENT & NIT REMOVAL PLAN

When one family member has head lice it is important to check all members of the household and close contacts. Treat only the infested family members. Follow the plan below:

The recommended first line treatment is a FDA approved, over-the-counter, lice killing product (pediculicide) for humans. The American Academy of Pediatrics recommends the use of a product that contains permethrin.

Before applying treatment, cover the child's eyes with a towel or washcloth. Do not treat in the shower or bathtub. Instruct the child to lean over the sink and only apply the product to the head area. This prevents absorption through other skin areas.

Apply lice product according to the label instructions. If your child has extra long (longer than shoulder length) or thick hair, you may need to use a second bottle to assure complete coverage. Pay special attention to instructions on the label or in the box regarding how long the medication should be left on the hair and how it should be washed out.

WARNING: Do not use a combination shampoo/conditioner, or conditioner before using lice medicine. Do not re-wash the hair for 1-2 days after the lice medicine is removed.

Have the child put on clean clothing after treatment.

If a few live lice are still found 8-12 hours after treatment, but are moving more slowly than before, do not retreat. The medicine may take longer to kill all the lice. Comb dead and any remaining live lice out of the hair using a fine-toothed nit comb. Any remaining nits need to be removed by sliding the nit down the hair shaft with your fingernails.

If, after 8-12 hours of treatment, no dead lice are found and lice seem as active as before, the medicine may not be working. Do not retreat until speaking with your healthcare provider; a different lice medicine may be necessary.

Recheck the hair ***daily*** for lice or new nits laid close to the scalp. Continue to comb out nits with the fine-toothed metal comb. Removing all nits will help to prevent a new infestation. Continue to check all treated and untreated persons in the same household for 2-3 weeks even after they appear to be nit and lice free.

Retreatment generally is recommended for most prescription and over the counter drugs on day 9 in order to kill any surviving hatched lice before they produce new eggs. Be sure to retreat according to the instructions on the lice-killing product.

Continue to check all treated and untreated persons in the same household for 2-3 weeks even after they appear to be nit and lice free.

Alternative Treatments:

The effectiveness of non-pesticide treatments such as Hair Clean 123, Not Nice to Lice, olive oil, mayonnaise and petroleum jelly has not been proven through research.

ALERT

The use of kerosene, gasoline, paint thinners, turpentine, flea products, or industrial/garden pesticides is dangerous to your child!

CLEANING THE ENVIRONMENT

1. To live, adult lice need to feed on blood. Lice die within 1-2 days when away from the blood source. Therefore, excessive cleaning measures are not necessary, however, routine cleaning is recommended as follows: the same day as the head treatment, clothing and bed linen should be washed in hot water and dried in a dryer; carpets and upholstered furniture need to be vacuumed thoroughly; pillows and stuffed animals should go into a hot dryer for at least 10 minutes or be placed in a sealed plastic bag for 2 weeks and combs, brushes and hair accessories should be soaked in hot water (at least 130 degrees) for at least 10 minutes.
2. Spraying of furniture, rugs, carpets, car seats, and pets with a pesticide is not recommended.

COMMON TREATMENT PROBLEMS AND SOLUTIONS

1. Making the hair too wet with water before applying the lice shampoo. This makes the shampoo less effective.
2. Using a crème rinse or conditioner shampoo before applying a lice shampoo. This interferes with the medication in the lice shampoo.
3. Failing to leave the lice shampoo on long enough. Follow the label instructions.
4. Re-shampooing the hair again immediately after applying the lice shampoo. Don't rewash hair for 1-2 days after treatment.
5. Inadequate amount of medication. Extra long hair may require two bottles of lice shampoo to fully wet the hair.
6. Not combing the hair. Using lice shampoo alone may not be enough to cure a head lice infestation. Comb dead and any remaining live lice out of the hair following treatment. It is essential to remove nits (lice eggs) by combing and/or picking them out with your fingernails. The medication in the lice shampoo does not penetrate the nit shell.

NIT NOTIFICATION AND TREATMENT LETTER

Date _____ School _____

Dear Parent/Guardian of _____:

Your child was found to have nits, not an active infestation of head lice. This means that your child has had an active infestation of head lice in the past. Do not treat with a pediculicide unless live lice are present, but do remove all nits. This may be done partly by using a fine-tooth metal comb, but must be completed by removing any remaining nits by sliding the nit down the hair shaft with your fingernails. Continue to check your child *daily* and remove nits for the next 2-3 weeks. **It will not be necessary for your child to miss any school.**

The health room aide will check your child's head daily and notify you if nits are found. Your child will be referred to your school's RN if nits are present after 10 days.

If you have any questions or need assistance, please feel free to call us in the health room at _____.

Name: _____ Title: _____

NIT CHECK PARENTAL NOTIFICATION

Date_____

Dear Parent or Guardian:

Your child, _____ was checked today in the health room for nits/lice.

Nits were found. Please continue daily nit removal at home.

No nits were found. Your child will be re-screened on _____.

Please sign below and return this form to the school health room. If you have any questions, contact your school health room aide.

Parent signature_____

ADDITIONAL HEAD LICE INFORMATION FOR PARENTS/GUARDIANS

What are head lice?

The head louse is a parasitic insect found on the human head and scalp. Having head lice is very common, however, there is no reliable data on how many people get head lice in the United States each year.

Who is at risk for getting head lice?

Anyone who comes in close contact with someone who has head lice, or contact with their clothing or other personal items (such as brushes or towels). Preschool and elementary-age children, 3-10, and their families are infested most often. Head lice are more common in females than in males.

Head lice move by crawling; they cannot hop or fly. They are spread by direct contact with the hair of an infested person. Anyone who comes in head-to-head contact with someone who already has head lice is at greatest risk. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

What do head lice look like?

There are three forms of lice: the egg (also called a nit), the nymph, and the adult.

Nit: Nits are head lice eggs. They are hard to see and are often mistaken for dandruff or hair spray droplets. Nits are found firmly attached to the hair shaft. They are oval and usually yellow to white in color. Nits take about 8-9 days to hatch.

Nymph: The nit hatches into a baby louse called a nymph. It looks like an adult head louse, but is smaller. Nymphs mature into adults about 9-12 days after hatching. To live, the nymph must feed on blood.

Adult: The adult louse is about the size of a sesame seed, has six legs, and is tan to grayish-white. In persons with dark hair, the adult louse will look darker. Adult lice can live up to 30 days on a person's head. To live, adult lice need to feed on blood. A louse can only survive 1-2 days away from the scalp.

Where are head lice most commonly found?

They are most commonly found on the scalp, behind the ears and near the neckline. Head lice hold on to hair with hook-like claws found at the end of each of their six legs. Head lice are rarely found on the body, eyelashes, or eyebrows.

What are the signs and symptoms of head lice infestation?

Tickling feeling or something moving in the hair.

Itching, caused by an allergic reaction to the bites.

Visible lice crawling on scalp and hair.

Irritability and difficulty sleeping; head lice are most active in the dark.

Sores on the head caused by scratching. These sores can sometimes become infected.

How did my child get head lice?

Head-to-head contact with an infested person is the most common way to get head lice. Contact is common during play (slumber parties, sports activities, at camp, on a playground).

Although uncommon, sharing infested clothing or articles, such as hats, scarves, coats, sports uniforms, or hair ribbons.

Using infested combs, brushes, or towels.

Lying on a bed, couch, pillow, carpet, or stuffed animal that has recently been in contact with an infested person.

Dogs, cats, and other pets do not play a role in the spread of head lice.

Do head lice spread disease?

Head lice should not be considered as a medical or public health hazard. Head lice are not known to spread disease. They can be an annoyance because their presence may cause itching and loss of sleep. Sometimes the itching can lead to excessive scratching that can sometimes increase the chance of a secondary skin infection.

Note: This Information was obtained from the Centers for Disease Control. For more information about head lice, access this website: <http://www.cdc.gov> under "search" type in head lice.