



School Administrative Unit #6
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Head Lice Information

Dear SAU #6 Parents/Guardians:

The following information is provided by our school nurses to assist you.

It is available in the following order by scrolling down:

1. **Head Lice Information for Schools**
2. **Treatment**
3. **Prevention and Control**
4. **Pediculosis Capitis (Head Lice)**
5. **Head Lice Policy approved by Claremont, Cornish and Unity School Boards**

Please contact your school nurse to discuss any issues involving your child's wellness.

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- **Bluff - Debra Spencer 543-4273, x 228**
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- **Cornish - Mary Liz Lynch 675-5891, x 119**
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Thank you.

Yours truly,

Middleton K. McGoodwin, Ed. D.
Superintendent of Schools

Dr. Middleton K. McGoodwin, Superintendent



Treatment

General Guidelines

Treatment for head lice is recommended for persons diagnosed with an active infestation. All household members and other close contacts should be checked; those persons with evidence of an active infestation should be treated. Some experts believe prophylactic treatment is prudent for persons who share the same bed with actively-infested individuals. All infested persons (household members and close contacts) and their bedmates should be treated at the same time.

Some pediculicides (medicines that kill lice) have an ovicidal effect (kill eggs). For pediculicides that are only weakly ovicidal or not ovicidal, routine retreatment is recommended. For those that are more strongly ovicidal, retreatment is recommended only if live (crawling) lice are still present several days after treatment (see recommendation for each medication). To be most effective, retreatment should occur after all eggs have hatched but before new eggs are produced.

When treating head lice, supplemental measures can be combined with recommended medicine (pharmacologic treatment); however, such additional (non-pharmacologic) measures generally are not required to eliminate a head lice infestation. For example, hats, scarves, pillow cases, bedding, clothing, and towels worn or used by the infested person in the 2-day period just before treatment is started can be machine washed and dried using the hot water and hot air cycles because lice and eggs are killed by exposure for 5 minutes to temperatures greater than 53.5°C (128.3°F). Items that cannot be laundered may be dry-cleaned or sealed in a plastic bag for two weeks. Items such as hats, grooming aids, and towels that come in contact with the hair of an infested person should not be shared. Vacuuming furniture and floors can remove an infested person's hairs that might have viable nits attached.

Treat the infested person(s): Requires using an Over-the-counter (OTC) or prescription medication. Follow these treatment steps:

1. Before applying treatment, it may be helpful to remove clothing that can become wet or stained during treatment.
2. Apply lice medicine, also called pediculicide, according to the instructions contained in the box or printed on the label. If the infested person has very long hair (longer than shoulder length), it may be necessary to use a second bottle. 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.

3. Have the infested person put on clean clothing after treatment.
4. 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.



Prevention & Control

Head lice are spread most commonly by direct head-to-head (hair-to-hair) contact. However, much less frequently they are spread by sharing clothing or belongings onto which lice have crawled or nits attached to shed hairs may have fallen. The risk of getting infested by a louse that has fallen onto a carpet or furniture is very small. Head lice survive less than 1–2 days if they fall off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the same temperature as that found close to the scalp.

The following are steps that can be taken to help prevent and control the spread of head lice:

- Avoid head-to-head (hair-to-hair) contact during play and other activities at home, school, and elsewhere (sports activities, playground, slumber parties, camp).
- Do not share clothing such as hats, scarves, coats, sports uniforms, hair ribbons, or barrettes.
- Do not share combs, brushes, or towels. Disinfest combs and brushes used by an infested person by soaking them in hot water (at least 130°F) for 5–10 minutes.
- Do not lie on beds, couches, pillows, carpets, or stuffed animals that have recently been in contact with an infested person.
- Machine wash and dry clothing, bed linens, and other items that an infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned OR sealed in a plastic bag and stored for 2 weeks.
- Vacuum the floor and furniture, particularly where the infested person sat or lay. However, spending much time and money on housecleaning activities is not necessary to avoid reinfestation by lice or nits that may have fallen off the head or crawled onto furniture or clothing.
- Do not use fumigant sprays or fogs; they are not necessary to control head lice and can be toxic if inhaled or absorbed through the skin.

To help control a head lice outbreak in a community, school, or camp, children can be taught to avoid activities that may spread head lice.

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Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30329-4027, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - [Contact CDC-INFO](#)





PEDICULOSIS CAPITIS (Head Lice)

Head lice are tiny insects that live only on people's scalps and hair. The adults hatch from small eggs, called nits, which are attached to the individual hairs near the scalp. Nits may be found throughout the hair, but are most often located at the back of the scalp, behind the ears and the top of the head. The eggs hatch in 7-10 days, with new lice reaching adulthood in about 10 days. The female louse can live for 21-30 days, and lays about six to eight eggs a day. The lice live by biting and sucking blood from the scalp.

The major symptom of head lice is itching caused by the bite of the louse. Persistent scratching of the head and back of the neck should be viewed with suspicion. Often red bite marks and scratch marks can be seen on the scalp and neck and a secondary bacterial infection causes discharge and crusting. Swollen neck glands can also occur.

Who gets this disease?

Contrary to popular belief, head lice is not a sign of unclean people or homes. They can occur at any age and to either sex. Anyone who has close contact with an infested person or shares personal items can become infested.

How is it spread?

Lice do not jump or fly. They cannot be caught from grass, trees, or animals. They are spread only by crawling from person-to-person directly or onto shared personal items, such as combs, brushes, head coverings, clothing, bedding and towels. Frequent bathing or shampooing will not prevent lice or eliminate them once they are established.

How is it diagnosed and treated?

Lice are less than 1/8-inch long and are usually light brown in color. They avoid light, which makes it difficult to see them. The diagnosis is most often made by finding nits within a 1/4-inch of the scalp.

Nits are tiny, plump, pearl gray colored; oval-shaped specks attached to the hair and cannot be easily moved up or down the hair (as could specks of dandruff). It helps to use a magnifying glass and natural light when searching for them. The best places to look are the hair on the back of the neck, behind the ears and the top of the head. Hatched eggs can be found further out on the hair shaft and are snow-white and conspicuous.

Treatment is directed at getting rid of the lice from both the infested person and his/her surrounding and personal items. All household members and persons with close physical contact with the infested person should be examined for lice and treated if infested (live lice are seen). Some healthcare providers may simultaneously treat all members of a household.

Treating the infested person.

Consult a physician before treating: (1) infants, (2) pregnant or nursing women, or (3) anyone with extensive cuts or scratches on the head or neck. For others, there are several medicines available to kill head lice. They are used like shampoo. Many head lice medications are available at your local drug store without prescription and some products are available by prescription. All of these products must be used carefully and according to direction.

There are several over-the-counter (OTC) name brand products which include A-2000 Pronto, R&C, Rid and Triple X that all contain the active ingredient Pyrethrins. Pyrethrins are natural extracts from the chrysanthemum flower. Though safe and effective, pyrethrins only kills crawling lice, not unhatched nits. A second treatment is recommended in 7-10 days to kill any newly hatched lice. Treatment failures are common.

PEDICULOSIS CAPITIS (Head Lice) cont.

Nix is another commonly available OTC medication that contains the active ingredient Permethrin. Permethrin is safe and effective and may continue to kill newly hatched lice for several days after treatment. A second treatment may be necessary in 7-10 days to kill any newly hatched lice that may have hatched after residual medication from the first treatment was no longer active. Treatment failures are common.

Prescription medications used to treat head lice include Lindane (Kwell) and Malathion (Ovide). Consult with your healthcare provider on the proper use of these prescription medications. For these medications, retreats in 7-10 days ONLY if crawling bugs are found.

Although these products will kill lice, none will kill 100% of the nits. Nit removal after shampooing may be time-consuming and difficult due to their firm attachment to the hair. A solution of vinegar and water may help make removal easier. Special, fine-tooth combs can be used to aid in nit removal. Most treatment requires retreatment in 7-10 days. A daily nit check for the next ten days is advisable. If there is evidence of new nits (less than ¼-inch from the scalp) or newly hatched lice, it may be necessary to repeat treatment. (NOTE: Unless reinfection occurs, more than two treatments are unnecessary and can be dangerous).

Treating the surroundings/personal items in the childcare center.

Head lice can only survive 24-48 hours if they fall off a person and cannot feed. You don't need to spend a lot of time or money on cleaning activities. Follow these steps to help avoid reinfestation by lice that have recently fallen off the hair or crawled onto clothing or furniture.

1. Machine-wash in HOT water all washable items belonging to the daycare facility that may contain lice.
2. Non-washable (e.g., furry toys, pillows) can be put in a HOT dryer for 20-minutes or dry-cleaned.

3. Things that cannot be washed, dried, or dry-cleaned can be sealed in a plastic bag for two weeks, the duration of the life cycle of the louse.
4. Soak combs and brushes for 1 hour in rubbing alcohol, Lysol™, or wash with soap and hot (130 F) water.
5. Vacuum the floor and furniture. The risk of getting re-infested from a louse that has fallen onto the carpet or sofa is very small.
6. Insecticide sprays are not recommended and can be harmful to people and animals.

How can the spread of this disease be prevented?

1. General cleanliness at the center, as previously outlined, should be practiced.
2. Children should not share personal items such as clothing, brushes, combs, hats, etc.
3. Each child should have his/her crib mat and should not switch.
4. Children's personal belongings should be stored separately.
5. Caregivers should learn to recognize nits and should help regularly check children's hair when there is a known case of head lice in the center.
6. If a case is identified, the center should follow cleaning procedures outlined above.

Who should be excluded?

Routine exclusion of school-aged children with head lice is not recommended. The child's parents or guardian should be notified when head lice is identified by a care provider or teacher. The child's parent or guardian should be telephoned/emailed or a note sent home with the child at the end of the school day stating that prompt, proper treatment of this condition is in the best interest of the child and his/her classmates. A child **should** be allowed to return to school after proper treatment even if nits are still present. "No Nits Policies" are not effective and should be discouraged. Mass screenings are also not

PEDICULOSIS CAPITIS (Head Lice) cont.

recommended but close contact should be checked ideally.

Children in preschool or daycare settings who have visible live lice may need to be excluded only if direct head to head contact cannot be avoided.

Reportable?

No. Pediculosis is not reportable by New Hampshire law. However, the Communicable Disease Control Section professionals are available for consultation at (603) 271-4496 or 800-852-3345 ext. 4496.

Head Lice Policy

Pediculosis Screening: Based on recommendations by the American Academy of Pediatrics, the School Boards recognize that school-wide screening for nits (lice eggs) alone is not an accurate way of predicting which children will become infested with head lice. Further, screening for live lice has not been shown to have a significant decrease on the incidence of head lice in a school community.

It is the position of the National Association of School Nurses and the NH Board of Education that the management of Pediculosis (Head Lice) should not disrupt the education process. No disease is associated with head lice, while research has shown that in-school transmission is rare. (Frankowski & Bocchini, 2010). Consequently, our schools will not endorse classroom and school-wide screenings.

It may be appropriate to screen other children who have had close head-to-head contact with a student with an active infestation, such as household family members. However, classroom-wide or school-wide screening is not merited (Andresen & McCarthy, 2009). Consequently, screenings will be at the discretion of the School Nurse.

The School Nurse is responsible for working with school staff and parents to eliminate school exclusion policies. Further, it is in the best interest of adults and students to incorporate evidence-based practices to prevent stigmatizing any student by maintaining their privacy as well as the family's right to confidentiality. (Gordon, 2007).

Management of Day of Diagnosis: If a staff member suspects a student has head lice, they should discretely report this to the School Nurse or school principal. Symptoms may include:

- ✓ Tickling feeling of something moving in the hair
- ✓ Presence of live lice and/or nits
- ✓ Itching, caused by an allergic reaction to the bites
- ✓ Irritability
- ✓ Sores on the head caused by scratching.

The School Nurse, or designee, should assess the child during a non-academic period in a confidential manner. If live lice or nits are found, the nurse or designee will contact the child's parent or guardian either by telephone or by a note sent home with the child by the end of the school day.

The student should be allowed to remain in the classroom provided the student is comfortable. The child should be discouraged from head to head contact with others. The child may return to school the following day.

Treatment should begin on the day of diagnosis. There are many options to choose from for the treatment of head lice. The nurse can offer recommendations for treatment. However, parents may also wish to consult with their healthcare provider as well.

No treatments are 100% effective. Whatever product the parent or guardian chooses to use, the most effective treatment is combing the hair with a metal fine-toothed comb (a lice comb or flea comb) for at least one week after the last nit is found. Sources suggest that using hair conditioner helps loosen the nits (lice eggs) from the hair shaft.

According to the Harvard School of Public Health, the following responses should not occur if a child is found to have lice/nits: <http://www.hsph.harvard.edu/headlice.html>

- ✓ Exclusion or quarantine from school
- ✓ Notification of classmates' parents
- ✓ Mass screenings
- ✓ Insecticide treatments to school environment
- ✓ Reporting cases to Division of Child, Youth and Services solely for concerns about lice/nits

What may appear to be a reoccurrence of head lice may actually be the same initial infestation that has not been treated properly.

It is important that parents follow the exact directions on the product label, completing all phases of the treatment regimen. If parents suspect the treatment is not working, they may seek the advice of a pharmacist or physician, as changing to another product with a different active ingredient could have improved results.

Criteria for Return to School: A student will not be excluded from school solely due to the presence of active lice or nits.

References

- 1.) American School Health Association (2005). School policies in the management of pediculosis. Retrieved from <http://www.ashaweb.org/files/public/Resolutions/Pediculosis.pdf>.
- 2.) Frankowski, B., Bocchini, J. (2010). Head Lice. Pediatrics. 126(2). 392-403
- 3.) Andresen, K., & McCarthy, A.M. (2009). A policy change strategy for head lice management. The Journal of School Nursing. 25 (6) 407-416.

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- 4.) Gordon, S. (2007). Shared Vulnerability: A theory of caring for children with persistent head lice. The Journal of School Nursing. 23 (5) 283-292.
- 5.) Centers for Disease Control and Prevention (2010). Head lice information for schools. Retrieved from <http://www.cdc.gov/parasites/lice/head/index.html>
- 6.) Frankowski, B.L., & Bocchini, J.A. (2010). Clinical Report-Head Lice. Pediatrics. 126(2) 392-403. <http://www.pediatrics.aappublications.org/cgi/content/abstract/126/2/392doi:10.1542/peds.2010-1308>
- 7.) NASN Position Statement: "Pediculosis Management in School Setting." Revised 2011
- 8.) NH Department of Education- http://www.education.nh.gov/instruction/school_health/faq_pediculosis.html

"The school nurse is the most knowledgeable professional in the school community and so ideally suited to provide education and anticipatory guidance to the school regarding 'best practices' of Pediculosis management. The school nurse's goals are to contain infestation, provide appropriate health information for treatment and prevention, prevent overexposure to potentially hazardous chemicals, and minimize school absences."

- National Association of School Nurses