Churchill County School District
Student Health Services

Pediculosis (Head Lice)

Subject: Pediculosis Management Procedure

Purpose: To describe the procedure for management of pediculosis infestation at school and recommendations to parents for home treatment. This procedure is based on the National Association of School Nurses (NASN), the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics, American School Health Association, and the Harvard School of Public Health.

Definitions: Head lice: small parasitic insects that live on the scalp and neck of the human host, Louse: singular of lice. Nymph: young, recently hatched louse. Active infestation: finding a live louse or nymph on the scalp, or a viable nit within 1 cm of the scalp. Pediculosis: an active infestation of head lice. Nit: an egg of a female louse, attached to the hair shaft. Non-viable nit: an egg found on a hair shaft FARTHER than 1 cm from the scalp. Viable nit: an egg found on a hair shaft CLOSER than 1 cm from the scalp. Considered to be unhatched. Ovacide: chemical which kills lice eggs/nits. Pediculicide: chemical which kills nymph stage and adult lice.

Procedure: Inspection: When a member of school staff suspects a child or adult staff member is infested with head lice, the following procedure should be followed:

- Wash hands. Use separate sticks **OR** gloves for each child.
- Using sticks, comb or fingers, separate hair into small sections and inspect for live lice.
- If live lice are discovered **OR** If nits CLOSER than 1 cm to the scalp are discovered:
    - Contact the responsible party at the end of the school day and inform of suspected infestation.
    - Provide information on the biology of head lice and methods to eliminate infestation.
    - Inspect suspected infected person's siblings and close contacts, if possible, for possible infestation
    - Contact the responsible party at the end of the school day and inform of suspected infestation.
    - Provide information on the biology of head lice and methods to eliminate infestation.

- If nits are FARTHER than 1 cm from the scalp are discovered, it is not necessary to contact the responsible party. Return the child to class. The child should be encourage to refrain from activities involving close contact (i.e., hugging) or sharing personal items (i.e., hats, clothing, brushes) with other children.
- The student's parent/guardian must be contacted (verbal communication is preferred)

and informed of the lice.

- If the child has lice, they probably have been infected for weeks and prompt removal of the child could lead to embarrassment and ridicule. The child can be sent home at the end of the day. Children should be allowed to ride the school bus home. Transmission via school bus seats is not likely because of the biology of head lice.
    - Exception to this rule is if a child is in Pre-K, Kindergarten or First grade. Due to their age, they are unaware of personal space and love to hug, share personal items, and remain close to their classmates. Therefore, if a student at this age has live Louse or a number of nits, and the parent has been notified more than twice and they still have lots of nits or live Louse, they will be excluded from school till they have no remaining nits.

Treatment Recommendations: PEDICULICIDES

(Evidence Grading Recommendation A; see below):

- 1 % permethrin due to efficacy and lack of toxicity
    - Apply 1% permethrin (NIX or generic equivalent) to dry hair and scalp for 10 minutes then rinse off. Permethrin remains in the hair after shampooing out, so newly hatched nymphs may be killed.
    - A second treatment is advised 7-10 days later to ensure cure. Remove all nits by wet combing. Spraying vinegar may be used to help loosen the bonds holding the nits, but if used, it **MUST** be used **PRIOR** to using permethrin, as to not interfere with the pediculicide action.

(Evidence Grading Recommendation B; see below):

- Pyrethrin 0.33% and piperonyl butoxide 4% (RID, Pronto, generic versions)
    - Lotion is applied to the hair that is first shampooed and then towel dried, left on for 10 minutes, then rinse off.
    - These are not ovicidal and application should be repeated 7 days later to ensure cure.

- 0.5% Malathion lotion
    - Apply lotion to hair until thoroughly moistened, left in air to dry, then rinse off after 8 to 12 hours.
        - A drawback is its lengthy application time.
        - The application should be repeated in 7 to 9 days if live lice are still present.
        - ***Safety and efficacy have not been established in children less than 6 years of age*** & pregnant women.
    - Preferred first line treatment in regions where pyrethroid resistance has been observed.

ALTERNATIVE REGIMENS

(Evidence Grading Recommendation B)

- Combing of wet hair using a conditioner of choice and a fine-tooth louse comb.
- Wet combing is the treatment of choice for children younger than 2 years of age.
    - Repeat combing: needs to be done over 2 weeks on days; 1, 5, 9 and 13 to break the life cycle.

Other Management Considerations:

- Family members should only be treated with pediculicides if infected and not just “in case" or "to be sure”.
- Disinfect combs & brushes used by an infested person by soaking them in hot water (at least 130°F) for 5-10 minutes.
- Machine wash and dry clothing, bed linens, and other items that the infected person(s) have worn or used in the last 2 days before treatment using hot water (130°F) laundry cycle & the high heat drying cycle. Clothing & items that can not be washed, can be dry-cleaned OR sealed in a plastic bag and stored for 2 weeks.
- Vacuum the floor & furniture, mainly where the infested person sat or laid.
- Do not use fumigant sprays or fogs; they are not necessary to control head lice & can be toxic if inhaled or absorbed through the skin.
- If a person has been treated for lice, parents need to inform the school nurse/health aide.
- Towel dry hair before using treatment as too much water dilutes the pediculicide, decreasing its efficacy.
- Do not wash hair for 1 to 2 days after treatment.
- Long hair may require more than 1 bottle of product per treatment.
- The use of environmental insecticides such as RID, Raid or others on inanimate objects is **NOT** recommended.

Rating scheme for strength of the recommendations: Grading of Recommendations:

- **A.** There is good evidence that the recommendations improve health outcomes.
    - Benefits substantially outweigh harm.
- **B.** There is at least fair evidence that the recommendations improve health outcomes.
    - Benefits outweigh harm.
    - There is at least fair evidence that the service can improve health outcomes but the balance of benefits and harms is too close to justify a general recommendation.
    - There is at least fair evidence that the recommendation is ineffective or that harm outweighs benefits.
    - Evidence that the service is effective is lacking of poor quality or conflicting and the balance of benefits and harm cannot be determined.

References

Chin, J. (2000). Official Report of the American Public Health Association. Control of Communicable Disease Manual. (17) 372-374. American Public Health Association.

Edelstein, J. (2006). Lice policy and supporting information. Emeryville, CA, Oakland Unified School District. http://snp.homestead.com/Edelstein.htinl

National Guideline Glearinghouse. (2008) Guidelines for the diagnosis and treatment of pediculosis capitis (head lice) in children and adults. http://www.guideline.gov/summary/summary.aspx?docid=12784&nbr=006586&string=pediculosis

Pollack, R. (2009) Head lice information Statement from Harvard School of Public Health. http://www.hsph.harvard.edu/headlice.html

All About Lice

The District has recently changed its lice management policy. You may wonder why. This letter is to explain the reasons for this change and help you understand why this does NOT put your child at more risk for getting head lice.

Why did the District make a change?

Churchill County School District lice policy has been changed to reflect standard practice as recommended by the Center for Disease Control (CDC), American Academy of Pediatrics, the National Association of School Nurses, the American School Health Association , the Harvard School of Public Health, and many others. They all recommend that students with eggs and/or head lice REMAIN IN SCHOOL and not be IMMEDIATELY excluded. When lice is found on a child at school, that child's parent will, of course, be informed. The site nurse or health aide will follow up to make sure the child is treated appropriately. If the student is not treated appropriately, then she/he's parents will be called so that another treatment can be done on the child.

Why Would These Medical Organizations Recommend This?

1) Although lice are "icky," they do not cause disease and are not dangerous to the child or others. It didn't make sense that children with the common cold, which is easily passed from student to student and can make them very sick, are kept in school. But children with lice, who are not sick, and which can only rarely be given to another child in school, and are in no way dangerous, were kept out of school.

2) No matter how careful staff is to protect the privacy of students, when a student leaves a class and does not come back, most students figure out the child has lice. This can be very embarrassing for the child and the family. In fact, the school usually does not know of most cases of lice because families are too embarrassed to tell us.

3) By the time lice is discovered, the child has usually had them for 3-4 weeks. They have been in school this whole time, and no one else in school has gotten lice from them. It doesn't make sense to immediately take them out of school as soon as the lice are found.

4) And most importantly, school is NOT a high risk area for getting lice!. Over the last 10 years multiple studies have proven the school RARELY is the place of lice transmission. In the rare case at school it is only among very young children, as in preschool or kindergarten, when they play very close together. The vast majority of cases of lice are spread by friends and family members who often play or live together.

Lice causes an emotional reaction. Old fashioned “no-nit” policies were based on that reaction, not on scientific evidence of how lice were passed. In the last 10 years MULTIPLE studies have proven keeping kids with eggs, or even lice, out of school does NOT reduce the amount of lice. “No-nit policies” are bad for the health, well-being, emotional and educational status of students.

What WILL the school do if a case of possible lice is reported or found?

The site nurse will check any student reported to possibly have lice. If active lice or nits (eggs) are found, the parent will be confidentially notified at the end of the school day. The teacher will be informed immediately, and the child will not use any shared headphones, helmets, hats or clothing. The site nurse will provide information to the parents about proper treatment.

Parents of children with head lice will be encouraged to talk to other parents of close playmates.

If no lice or nits are found, but the parent or child reports he or she has recently been treated for lice, the child will be checked again in one week.

Household members and close playmates of the person with lice will also be checked. Parents will be informed if their child has lice. Parents will NOT be informed of other children who have lice in school, as that is a privacy concern AND the risk of getting lice from a classmate is very small.

Students with lice will be checked when they return to school and one week later to make sure all the lice are gone.

If the child with lice is very young, the site nurse or health aide may choose to check classmates in preschool, kindergarten and first grade.

Lice are very common. They always exist in children and in schools. No school is ever lice-free, just like no school is free of head colds.

Updated: 03/13/2025
Chassity Mills, MSN-Ed, RN
Chief Health Nurse