Lice (Pediculosis) (cont.)

Head Lice (Pediculosis humanus capitis)

Description

Different kinds of lice affect the head, body, and pubic areas.

Head lice are parasitic insects less than 1/8 of an inch in length that feed on blood from the scalp. Lice eggs, called “nits”, attach to a hair shaft until they hatch into live lice.

Lice and nits can be found on the head, eyebrows, or eyelashes, but are usually found on the scalp, particularly around and behind the ears and near the neckline at the back of the head. Head lice outbreaks are common in the United States among children between the ages of 3–12 years. Head lice are not a sign of poor hygiene or unclean homes or schools. Students of all socio-economic groups can be affected.

Signs and symptoms of head lice infestation include:

1. Itching on the head and scalp.
2. A tickling feeling of something moving on the head or in the hair.
3. The detection of live lice.
4. Nits (lice eggs) or empty cases from hatched lice attached to hairs.
5. Sores or scratch marks on the head caused by scratching.
6. Irritability and trouble sleeping. (Head lice are most active in the dark.)

Unlike body lice, head lice are not a health hazard and are not responsible for the spread of any disease. Thus, infestation is principally a nuisance rather than a major threat to the student’s well-being.

Approaches to treating and controlling the spread of head lice have evolved over the years and continue to evolve. Some chemical agents used in the past to eradicate head lice have proven to be dangerous and toxic to children. In some instances, head lice have become resistant to certain treatment methods. The information in this section reflects the current thinking of professional groups regarding head lice in schools.

The American Academy of Pediatrics provides current clinical reports that clarify and update the protocols for diagnosis and treatment of head lice, and provide guidance for the management of infested children in the school setting.

Mode of Transmission

Transmission of head lice occurs most commonly by direct contact with a live louse through head-to-head contact. Transmission may be through play and interaction at school and at home, such as slumber parties, sports activities, at camp and on a

Lice (Pediculosis) (cont.)

playground. It is uncommon for lice to be spread from inanimate objects such as hats, combs, brushes, pillows, helmets, headphones, or movie theatre seats. This is because head lice are not able to hold onto these materials or survive without the warmth and blood source of a human scalp. Head lice cannot survive away from the scalp for more than 2 days at room temperature. Nits are not easily transmitted because they are glued to the hair shaft.

Incubation Period

Head lice eggs (nits) normally hatch in 7–12 days. Mature head lice are capable of laying eggs 9–12 days after hatching. The adult life span is about 1 month.

Infectious Period

Head lice can be transmitted as long as the lice remain alive. Only live, hatched lice—not nits—spread the infestation. By removing the nits, the possibility of hatching new lice is minimized. Nits found more than a quarter of an inch away from the scalp have already hatched or will never hatch. Nits need warmth from the scalp to remain viable.

School Staff/Nurse Responsibility

1. Reporting to your local health jurisdiction is not required.

2. **Immediate or long-term exclusion is no longer recommended.** Students with live head lice can remain in class and go home at the end of the school day, be treated, and return to school after the appropriate treatment has begun. Students can return to school with nits following treatment. Nits may persist after initial treatment, therefore, students with nits should be allowed back in school the next day. Successful treatment should kill crawling lice.

3. Notify parent/guardian of the suspected case. Suggest resources for parents on how to treat head lice, such as those available through the Washington State Department of Health Lice Web page: http://www.doh.wa.gov/CommunityandEnvironment/Pests/Lice.aspx.

   Other local health departments not listed on this site may also have materials available to share with families and staff (see Appendix XII for a listing of Washington State health jurisdictions).

4. Refer to a licensed health care provider for evaluation of secondary infection (such as skin infections from scratching), if suspected.

5. Maintain and support confidentiality for the student.

6. Utilize standard precautions (see Appendix VIII, *Guidelines for Handling Body Fluids in Schools)*.

Lice (Pediculosis) (cont.)

7. Refer to district infection control program protocol and policy for infectious diseases.

8. All family members should be examined and treated simultaneously to avoid re-infestation.

9. Discreetly manage lice infestations so that the student is not ostracized, isolated, humiliated, or psychologically traumatized.

10. Dispel head lice myths.

11. Routine or periodic classroom and schoolwide screenings are no longer recommended.

12. Students should be discouraged from close head-to-head contact with others.

13. Follow-up with the student and family to ensure that the infestation is being addressed appropriately until the infestation has ended.

14. Have pro-active policies and procedures in place for dealing with head lice in schools. Communicate the policy to parents and staff.

15. Advocate for discontinuation of “No Nit policies.” Inform school administrators of current scientific research, evidenced based practice, recommendations from experts, and for reasons stated below.

NOTE

Both the American Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN) advocate discontinuing “No Nit” policies (which require students to be free of lice and nits before returning to school). Such policies are not effective in controlling head lice outbreaks for the following reasons:

- Many nits are more than 1/4 inch from the scalp, which means they have already hatched and have left an empty casing, or will not hatch because they are too far away from the warm scalp to survive the nit stage.

- Nits are naturally attached or “glued” to hair shafts and are unlikely to transfer to other students.

- Unnecessary absenteeism negatively affects students, families, and schools.

- Misdiagnosis of nits is common during nit checks conducted by non-medical personnel.