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Subject	HEAD LICE (PEDICULOSIS) MANAGEMENT
References	Board Minutes, November 27, 2002 Simcoe County District Health Unit
Links	FORM A7210 - 1; FORM A7210 - 2; FORM A7210 - 3
Contact	School Services

1. **Background Information**

Head lice are not a health hazard or disease, but a social nuisance. They are most common in children between the ages of three and twelve years of age.

2. **Responsibilities in the Management of Pediculosis**

The treatment of head lice is ultimately the parent/guardian's responsibility; however, communication and education about head lice with students and parents/guardians is essential for fostering a relationship of trust and respect in dealing with the issue.

2.1 Parent/Guardian Responsibilities

Parents/guardians must learn how to recognize head lice and routinely check their children. When a child has head lice, the parent/guardian must notify the school.

2.2 School Responsibilities

Schools should have basic knowledge about the prevention and treatment of head lice. Schools are responsible for implementing the pediculosis protocol.

2.3 Health Unit Responsibilities

The public health unit, through **Health Connection**, may provide written information about head lice to schools, situational management advice to principals, and consultation for school staff/parents in the implementation of training sessions; however, Simcoe County District Health Unit public health nurses are not responsible for performing head lice checks.

3. Pediculosis Protocol

A common protocol has been established to provide a standard practice for all elementary schools in the management of head lice. The protocol will describe how and what information will be provided to parents/guardians about the prevention of head lice. (i.e. regular items in school newsletters, information for parents/guardians at kindergarten registration, etc.). The information presented stresses that head lice do not represent a health threat and are unrelated to cleanliness.

- 3.1 Screening will be done on a county-wide elementary basis. The principal should recruit interested parents or community resource volunteers who are available and trained to perform head lice checks in the school, to verify suspected cases of head lice, and/or to re-check returning students. The principal will inform parents through the use of school newsletters. A principal, in consultation with the school council, will designate a specific day or days for screening all students for head lice and nits, using trained parent/community resource persons. If individual parents choose not to have their child(ren) participate in the screening day(s), they must provide their request in writing to the school principal with confirmation that they have done their own screening.
- 3.2 The primary responsibility for head lice rests with the parent/guardian. Schools will request that the parent/guardian notify the school when the child has head lice. If the parent/guardian becomes aware that the child has head lice, or the school identifies that a student has head lice, the school must notify the other parents/guardians with children in the same class. The Letter of Attention will request that parents/guardians check their children for the presence of head lice and nits (see FORM A7210 - 1). The parent of students with head lice will be provided with a Pediculosis Treatment Instruction sheet (FORM A7210 - 2) which contains information about remedy options and instructions for treating head lice, as well as a Letter of Notification/Confirmation of Treatment (see FORM A7210 - 3). All efforts must be made to minimize embarrassment to the student and ensure confidentiality of the family.
- 3.3 If the school suspects that a student may have head lice, the principal or designate must contact the parent/guardian to inform him/her of the likely presence of head lice. The student will be excused from school immediately to begin head lice treatment; however, if the parent/guardian is unable to pick up the child during the school day, the child may remain at school, although close, direct head contact with others should be quietly discouraged. Students who have been excused from attendance for half a day or more will be marked as "Absent" on the register.
- 3.4 When the principal determines that a student should be excused from attendance at school for head lice treatment and the parent/guardian refuses to withdraw the



student for treatment, the principal must contact his/her superintendent of education. Communication with parents in encouraging their participation and co-operation will usually be the most effective method in dealing with this issue.

- 3.5 The student should be welcomed back to school as soon as possible after initial treatment is completed. A signed Confirmation of Treatment form (FORM A7210 - 3) will be required before a student who returns to school following head lice treatment goes back to the classroom. This form will indicate that the parent has treated the child with a treatment product according to the product instructions; the parent is aware that a second treatment is required 7-10 days from the first treatment to kill any newly hatched lice; and that the parent has examined the child's hair following treatment and has found no evidence of lice or nits. Using the screening process that exists in the school, students will be re-checked before returning to the classroom.
- 3.6 If a returning student is not free of lice and/or nits, the child will not be readmitted to class. The parent will be contacted by the school and arrangements will be made for the child to return home to be re-treated. The parent will be provided with another Letter of Notification/Confirmation of Treatment form (FORM A7210 - 3) to be completed and returned following the student's treatment.
- 3.7 When a student experiences repeated incidents of head lice, the principal will consult with the Simcoe County District Health Unit through **Health Connection** for written information about head lice; situational management advice; and consultation for school staff / parents in the implementation of training sessions.

First Issued October 2, 1990

Revised September 10, 1997; December 20, 2002; January 6, 2003;

Issued under the authority of the Director of Education

Ten Common Questions Asked About Head Lice

***Adapted from the 2002 Position Statements of the
Canadian Pediatric Society and American Academy of Pediatrics***

Endorsed by the Simcoe County Pediatricians and the Simcoe County District Health Unit

1. HOW ARE HEAD LICE IDENTIFIED?

The most common symptom of head lice is itching. This is caused by sensitization to lice saliva: a louse feeds by injecting tiny bits of saliva and taking tiny amounts of blood from a human scalp. With a first exposure to head lice, presence of just a few lice, or people who are less sensitive to lice saliva, there may be no complaints at all.

To make the diagnosis of head lice, you need to examine the hair and scalp very carefully to find a live louse. Adult lice are usually grey and about the size of a sesame seed (2-4mm). They can be very tricky to spot because they can crawl and hide in the hair, but are most often seen along the hairline behind the ears and at the back of the neck.

It is usually easier to find the casings for the eggs laid by the lice – these are called “nits” and are even smaller than the lice, oval in shape, and they vary in colour. Lice lay their eggs within three or four millimetres of the scalp so the eggs will stay warm and there will be food for the baby louse (“nymph”) when it is hatched about a week later. Lice attach the nits (containing the eggs) to the hair with a strong glue-like substance which means the empty nits stay stuck to the hair even after the eggs have hatched or been killed with chemicals. As the hair grows, it carries the empty nits further away from the scalp – these empty shells CANNOT spread lice to the same child or others. The American Academy of Pediatrics says that, “nits found more than 1 cm from the scalp are unlikely to be viable” (AAP p.638).

An important difference between nits and other things found in hair (such as dandruff, scabs, dirt, hairspray droplets, etc) is that nits cannot be flicked off the hair easily, nor can they be slid up and down the hair shaft.

2. HOW ARE HEAD LICE TRANSMITTED?

Head lice can only crawl. They CANNOT hop, jump, or fly. They ONLY survive on humans. Head lice are transmitted primarily by direct head-to-head contact. They are most common in children between the ages of three and twelve years. Hair length and frequency of hair brushing or shampooing do not seem to make a significant difference.

Head lice rarely survive more than a day away from the scalp (they get cold and hungry!). Also, their eggs cannot hatch if they are not at the right temperature and the baby louse cannot survive without food nearby. As a result, indirect transmission of head lice by contact with personal belongings is MUCH less likely to happen. It is still recommended that parents discourage their children from sharing brushes, combs, and hats.

3. WHAT TREATMENT IS RECOMMENDED?

The Canadian Pediatric Society concludes, “there appears to be no satisfactory method to get rid of an infestation apart from chemical treatment” (CPS p.237). The American Academy of Pediatrics agrees that the only treatments for which there is good evidence to show that they work are the chemical shampoos (“pediculicides”).

In Canada, a number of different pediculicides are available over the counter and on prescription. They are all potentially harmful if used improperly; so it is VERY IMPORTANT to read the instructions carefully, discuss their use with a pharmacist or physician, and use ONLY AS DIRECTED. They should never be applied to broken skin, and should be stored out of reach of children.

It is important to note that experts are now recommending that the pediculicide shampoo treatment should be repeated in seven to ten days because some newly laid eggs may have survived the first round. By treating again seven to ten days later, any surviving eggs will have hatched but not have had time to lay any more eggs: the repeat treatment will kill these new lice.

4. WHAT DO WE DO AFTER WE USE THE RECOMMENDED TREATMENT?

Both the Canadian Pediatric Society and American Academy of Pediatrics are very clear that it is NOT NECESSARY to remove nits after appropriate treatment with a pediculicide shampoo in order to prevent spread. Most of these nits will contain eggs that have been poisoned by the pediculicide. The few nits that may contain surviving eggs will hatch over the next week and the few new lice will be killed in the repeat application of the pediculicide shampoo, as described above.

You may wish to pick the nits out after using the shampoo in order to decrease “diagnostic confusion” (where dead nits might be mistaken for active infestation) or for cosmetic reasons. The American Academy of Pediatrics notes that some experts recommend removal of nits within a centimetre of the scalp to decrease that small risk of a few nits surviving to hatch – remember that solving this problem is also the purpose of the second treatment seven to ten days after the first.

<p>If live lice are found within 24 to 48 hours, the Canadian Pediatric Society recommends immediate re-treatment with a DIFFERENT pediculicide shampoo, and then repeat treatment with this second shampoo seven to 10 days later. In this unusual circumstance, discussion with a pharmacist or physician is prudent.</p>

5. WHO ELSE NEEDS TO BE TREATED?

It is important to carefully check the hair and scalp of everyone who may have had direct contact with a child who has live lice. These other people do not need treatment UNLESS live lice or nits within a centimetre of the scalp are found.

The exception to this rule is anyone who shares a bed with the child who has lice: both the Canadian Pediatric Society and American Academy of Pediatrics recommend that bedmates should be treated on the **assumption** that they have lice, too.

6. WHAT ABOUT OBJECTS THAT MY CHILD'S HEAD MIGHT HAVE TOUCHED?

There is little evidence to suggest that sharing hats, brushes, and other personal articles can spread head lice. However, heat will kill any stray lice and families may wish to wash personal articles in hot water for at least ten minutes. Drying items at high temperatures, or storing them in plastic for ten to fourteen days, will also kill lice.

7. DO WE NEED TO FUMIGATE OR SPRAY?

Spraying (fumigation) is NOT recommended. If families are concerned about carpets, furniture, or carseats, vacuuming should be sufficient.

8. HOW SHOULD A CASE OF HEAD LICE IN A SCHOOLCHILD BE HANDLED?

The emphasis should be on confidentiality, not embarrassing the child or family involved, and ensuring appropriate treatment is undertaken. A child found to have active head lice has likely had them for some time: there is no need for the child to be removed from the class on the day of diagnosis, although close direct head contact with others should be quietly discouraged.

The Canadian Pediatric Society recommends the following steps for case management of a child with head lice:

- Confirm the presence of head lice by detection of live lice and/or nits.
- Stress to the parents the importance of using a pediculicide shampoo according to the instructions supplied with the package, repeating the procedure in seven to 10 days, and properly using and storing the product.
- Reassure the parents that head lice are NOT responsible for the spread of any disease and do not reflect personal cleanliness or hygiene practices.
- Inform parents that indirect transmission does not play a major role in the spread of lice. Some parents may wish to wash combs, brushes, headgear, pillowcases and towels in hot water.
- Ensure that contacts of an affected child, including family members, schoolmates and day-care centre contacts, are examined and treated if lice/nits are found. Bedmates of the affected child should be treated regardless.

Both the Canadian Pediatric Society and American Academy of Pediatrics agree that the evidence DOES NOT SUPPORT the use of "no-nit policies" for return to school or day-care. They recommend that children can return to school once treated with an effective pediculicide.

9. WHAT ABOUT ROUTINE SCREENING OF STUDENTS AT SCHOOL?

Unfortunately, this does not seem to be the answer. The Canadian Pediatric Society and American Academy of Pediatrics found that these programs have NOT been shown to have a significant effect on the incidence of head lice in schools, and are not cost effective.

10. HOW CAN WE PREVENT THE SPREAD OF HEAD LICE?

The American Academy of Pediatrics responds:

“It is probably impossible to totally prevent head lice infestations. Young children come into close head-to-head contact with each other frequently. It is prudent for children to be taught not to share personal items such as combs, brushes, and hats. In environments where children are together, adults should be aware of the signs and symptoms of head lice infestation, and affected children should be treated promptly to minimize the spread to others.” (AAP p.639)

To deal with the problem of head lice, responsibility needs to be shared by parents, school and community health professionals.

Parents/guardians should learn how to recognize head lice and routinely check their children. When a child has head lice the parent/guardian should notify the school. Parents/guardians may wish to provide education and support to other parents in their local community.

Schools should have basic knowledge about prevention and treatment of head lice. Notification of, or reminders to, parents regarding head lice is a school responsibility.

When there are repeated incidents of head lice, the principal may consult with the Simcoe County District Health Unit through Health Connection for written information about head lice; situational management advice; and consultation for parents/school staff in the implementation of training sessions.

REFERENCES:

Infectious Diseases and Immunizations Committee, **Canadian Pediatric Society**; “Head lice infestations: A persistent itchy ‘pest’ ”; *Paediatrics & Child Health* 1996 1(3): 237-240. **Reaffirmed April 2002.**

Frankowski BL; Weiner LB; Committee on School Health; Committee on Infectious Disease; “Head lice: **American Academy of Pediatrics Clinical Report**”; *Pediatrics* **September 2002** 110(3): 638-643.



Sample Letter of Attention

(School Letterhead)

(Insert School Logo)

Date

Dear Parent/Guardian:

There has been an incidence of head lice (pediculosis) in your child's class. Having head lice is not a health threatening problem, but it does require that treatment be provided immediately.

Please read the attached Pediculosis Treatment Instruction sheet. If you find live lice or nits within 1 cm of your child's scalp, then you need to treat your child's head. Treatment procedures are available from the Health Unit, your local drug store, or your family physician.

If you discover that your child has head lice, make sure that all family members, including adults, are checked. Immediately, treat only infested family members or bedmates, following the instructions of the treatment product. Also, please remember to notify the school when your child has head lice so that we can work together to reduce the spread. If you don't see lice or nits on your child's head, please continue to check his/her head two times a week for a month, or more if there is an outbreak.

If you have any further questions, please contact the school or the Simcoe County District Health Unit's Health Connection Line.

Sincerely,

Principal

Encl. Pediculosis Treatment Instruction sheet

PEDICULOSIS TREATMENT INSTRUCTION SHEET

Description

Head lice are spread primarily by direct head-to-head contact with an infested person; however, it is still recommended that parents discourage their children from sharing brushes, combs and hats.

The eggs (nits) of lice hatch in 7-10 days. Head lice can be passed to others as long as there are any live lice.

Head lice may be brown or grayish, with flat wingless bodies. They are small insects about 2-3 mm in length and about half as wide. They move quickly and shy away from the light, making them difficult to see. Lice have six legs and live almost entirely on the head. They bite the scalp to obtain blood which is their only means for survival. It is the biting which causes an infested person to feel itchy. Head lice can only survive for up to 56 hours if off the head.

The eggs (nits) are tiny and may be yellowish-white, brown or gray and shiny. They are glued to the hair near the scalp. Unlike lint or dandruff, they will not wash off or blow away. Eggs may be found throughout the hair but are most often located at the nape of the neck, behind the ears and at the crown. A magnifying glass and natural light may help when looking for them.

Treatment

All infested family members should be treated at the same time. There are special creme rinses and shampoos which contain chemicals which kill the lice. Regardless of the product used, the eggs (nits) must be removed manually. Using a lice shampoo is not enough to get rid of the lice.

If you are pregnant, nursing, have allergies or are using medications, consult your pharmacist or call the Mother-Risk Program at the Hospital for Sick Children in Toronto at 416-813-6780.

If you are treating others, wear plastic or rubber gloves.

Product Use

Read the package directions of the product you have chosen and follow them carefully. If you have questions about the product, ask your pharmacist or consult with your doctor.

To help loosen the eggs after the treatment, a suggestion is to rinse hair with warm water and vinegar (½ water, ½ vinegar). Keep hair wrapped in a wet towel and leave vinegar on hair for one hour.

Removal of Eggs (Nits)

Since lice combs do not remove all eggs, using your fingernails to pull out the eggs is the best way to be sure that your child is completely clear.

1. You will need good lighting, i.e. sunlight, a strong lamp, etc. Use a magnifying glass if eyesight is a problem.
2. Use a comb or hairbrush to remove tangles.
3. Divide hair into small sections and fasten off the hair that is not being worked on. Using a fine toothed comb or lice comb, go through each section from the scalp to the end of the hair. Dip the comb in a cup of vinegar or use a paper towel to remove any lice, eggs (nits) or debris from the comb between passings. (If debris builds up, use an old toothbrush to clean the comb.)
4. Work through that same section of hair and look for attached eggs. They are always oval-shaped, usually shiny gray, white or brown. Eggs are laid close to the scalp but can also be found anywhere along the hair shaft. Use your fingernails or scissors to cut the individual hair strands with attached eggs.
5. Go on to the next section until all sections have been completed. All eggs should be removed.
6. When all the eggs have been removed, the comb should be cleaned and soaked in HOT water for ten minutes. Wash hands and clean fingernails.
7. After the egg removal has been completed, search your child's hair for live lice. They move quickly and may be caught by a tweezer, your fingernails, or by using double-sided tape.
8. Check the infested person every day for at least two weeks and regularly afterwards. Finding an egg or two the next day does not necessarily mean re-infestation. Being consistent and diligent about manual removal will help.
9. If additional eggs (3-5) per day are found, live lice may still be on the head. Another thorough manual search is recommended at that time.
10. A few freshly laid eggs (nits) may not be killed by treatment shampoos or creme rinses. That is why **a second treatment is now recommended 7-10 days after the first treatment.**



Other Measures to Control this Problem to be Carried Out at the Time of Treatment

1. There is little evidence to suggest that sharing hats, combs, brushes, and other personal articles can spread head lice; however, heat will kill lice and families may wish to wash personal articles in hot water for at least ten minutes. Drying items at high temperatures, or storing them in plastic for 10-14 days, will also kill lice.
2. It is not necessary to use chemical sprays in your home as part of your treatment.
3. Check each member of the family daily. Once the condition is cleared, check each family member two times a week for a month, or more if there is an outbreak.
4. Please call the Simcoe County District Health Unit to discuss any problems or questions you may have.

WE REQUEST THAT ALL PARENTS CO-OPERATE IN FOLLOWING THE ABOVE RECOMMENDATIONS. IT IS ONLY WITH YOUR HELP THAT THIS CONDITION WILL BE CONTROLLED.



Sample Letter of Notification / Confirmation of Treatment

(School Letterhead)

Date

Dear Parent/Guardian:

We believe your child may have head lice (pediculosis). Head lice are a common problem that can affect anyone. They do not cause a health problem, but can be a nuisance when they are difficult to eliminate.

To prevent the spread of head lice, please check your child's head, read the attached Pediculosis Treatment Instruction sheet, and provide appropriate treatment for your child immediately. You may also wish to consult your pharmacist or physician to determine an appropriate treatment for your child. A few fresh laid nits may not be killed by treatment shampoos or creme rinses. That is why a second treatment is now recommended 7 -10 days after the first treatment.

Following treatment, please check for any live lice. If you find them, talk to your pharmacist or doctor about the next step.

Please complete and sign the form below. It must be brought to the school office before your child returns to the classroom.

Upon return, your child will be re-checked for lice or nits. If a returning student is not free of lice or nits, the student will not be readmitted to class.

Thank you for your co-operation.

Sincerely,

Principal

Encl. Pediculosis Treatment Instruction sheet

(Cut here)

Please complete the following. You or your child must return this signed form to the school office before your child returns to the classroom.

Child's Name _____ Class _____

I have treated my child with _____ according to the instructions of this treatment product.

I am aware that I will need to retreat my child 7-10 days from the first treatment to kill any newly hatched lice.

After examining my child's hair following treatment, I have found no evidence of lice or nits.

Date _____ Signature of Parent/Guardian _____

The information which is being requested on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Personal Privacy Act* and the *Education Act* and its regulations and will be used as part of the board's head lice management program in its schools. A copy will be kept in the school for one year at the Education Centre, Simcoe County District School Board, Midhurst, Ontario. (1-705-728-7570). The contact persons for inquiries concerning the collection of this information are the superintendents of education