



HEAD LICE

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A. Head Lice (*Pediculosis capitus*)

Head lice are small parasitic insects that are host-specific to the human head. Head lice likely co-evolved with people, and their claws are well adapted to grasping only the human hair shaft specific to hair on the head. In fact, head lice have even been recovered from prehistoric mummies. Head lice are equal opportunity parasites; they do not recognize socio-economic class distinctions or degree of hygiene. They are primarily spread from head-to-head contact. In North America and Europe, children are more frequently infested than are adults, and Caucasians more frequently than other ethnic groups. Head lice are not known to transmit infectious agents from person to person. They are not considered a vector for illness.

1. Facts About Head Lice:

- Head lice are specific to the human head. They do not live on other parts of the human body or on other animals.
- The human head provides warmth, the source of food (blood from the scalp), and the nesting area (hair shafts) for the lice. They must have this environment to survive.
- Head lice do not jump or fly. They do not leave the human head intentionally.
- If they are unable to feed, head lice die within 24 hours of separation from the human host.
- Indirect transmission is rare but may occur via shared combs, brushes, hats and hair accessories that have been in contact with lice. Even less often, lice are spread through shared helmets or headsets.
- Head lice hatch from small eggs or nits that are attached with a cement-like substance to the base of a hair shaft.
- Eggs more than an inch away from the base of the scalp are nearly always hatched.
- The eggs mature in about 10 days, the louse then matures in less than two weeks.
- If nits are present, head lice have already been present on that individual for a month or more.
- Head lice are pests, are not known to transmit microbes that cause disease, and they are not a reflection on hygiene or cleanliness.
- Head lice need very close head-to-head contact to spread from one person to another. Homes and camps are the most common mode of transmission.
- Schools are not a common source of transmission, even though schools have been blamed in the past.
- It is virtually unheard of for School Nurses/teachers to become infested.
- Sleepovers among friends and relatives are thought to be a common way they are passed home-to-home, and transmission may occur in overnight camps.
- Itching occurs when they inject a bit of saliva into the scalp, but itching can persist even after treatment and is not a reliable sign of lice.

2. Signs and Symptoms of Infestation:

- Itching of the scalp caused by an allergic reaction to the bites.
- Tickling or feeling like something is moving on the scalp.
- Sores on the scalp resulting from intensive scratching.
- The most common places for head lice include behind the ears, the back of the head at the neck line, but they may be found anywhere on the head.



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B. Head Lice Protocol:

- If the head lice case was identified in school, the School Nurse will notify the parents:
 - regarding the case identification;
 - that information regarding addressing a head lice infestation at home will be sent home with the student that day (see Part C of this regulation, below);
 - that parents are advised to contact the student's health practitioner regarding treatment;
 - that parents are requested to treat the student that evening.
- Students identified with head lice or nits shall remain in school. It shall be the option of the parent to request dismissal before the end of the school day to address the head lice.
- At the elementary level, the School Nurse will notify the classroom teacher.
- If the affected student has siblings in a District school or a private school in New Rochelle, for which the District provides health services, the School Nurse will call his/her colleague(s) in that school to notify them of the case and request that School Nurse(s) check the sibling(s) of the student.
- At the elementary level, the School Nurse will send a "health advisory" home with the classmates of the affected student the day a first case of head lice is identified in a class. If there are additional cases, notifications will be made based on the School Nurse's judgment, not more than once weekly.
- Upon the affected student's arrival at school the next day, the School Nurse will re-examine the student before he/she returns to the classroom for evidence of treatment. The School Nurse will communicate with the parent if, in his/her professional judgment, additional attention to the problem is needed.
- The School Nurse may continue to provide follow-up checks for the next 10 days by school staff to assist the parents in assessing the success of the home treatment program.
- Entire classes will not be screened (there is no support in medical evidence for this, and it is disruptive to the educational program).

C. Principles of Addressing a Head Lice Case:

Specific treatment of head lice is a multi-faceted approach and is the responsibility of the student's parents and health practitioner; however, these are general concepts regarding addressing head lice.

1. Individual Care:

- Directions on the containers and packaging of anti-head lice products should be followed precisely.
- It is not advisable to use these products as a preventative measure.
- Use clean towels to dry the hair, bag them in a plastic bag, and wash them in hot water.
- Nit and lice removal is a tedious process. The most effective way to get rid of nits (eggs) is to pick them off the hair shaft using a nit comb or the fingernails. (This is the origin of the term "nitpicker.")
- Tape the nits to the sticky side of masking tape as they are removed, fold the tape over onto itself to seal the nits, and discard the tape in a plastic bag.



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- Combing the hair in the opposite direction of normal brushing may help in finding more nits.
 - Place the clothing of the affected child and the parent in a plastic bag, and clean with hot water. All family members should wear freshly laundered sleepwear after treatment. (See Environmental Controls, below.)
 - Continue checking for lice and eggs for two weeks using the nit comb or fingernails daily, until no more lice or eggs are found. This process takes the most time, energy, and patience and is an essential step.
2. Environmental Controls:
- The most important environmental control is to wash and dry the pillowcases, sheets, sleepwear, towels and stuffed animals that may have come in contact with a child's head. They should be washed at 130°F and dried on high heat. In households with young children, this may involve turning the hot water heater to a warmer setting, then back down to below 120°F or burn-prevention safety.
 - Combs, brushes, hats and other hair accessories that have been in contact with the infested person should be washed in hot water each day to dislodge any lice or nits.
 - Items that cannot be washed should be placed in a double plastic bag for two weeks.
 - It is less important to vacuum upholstered car seats, as survival of the head lice off the human host is unlikely.
3. Prevention:
- Once the lice and nits are gone, it is advisable to check your child's hair twice weekly for a month to see if nits or lice are present.
 - Towels and bed linens should not be shared within the household.
 - Open communication is important. Parents are encouraged to report head lice cases they identify at home to the School Nurse and to extended family members, childcare workers, and the parents of their affected child(ren)'s close friends and playmates, including carpool buddies.
 - Educate children when playing with other children to avoid activities that may spread head lice.
4. Resources:
- [American Academy of Pediatrics](#)
 - [Centers for Disease Control](#)
 - [Pictures of Head Lice](#)
 - [National Association of School Nurses](#)
 - <http://www.schoolhealthservicesny.com/faq.cfm?subpage=80>
 - [IdentifyUS - Head Lice FAQs](#)

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CITY SCHOOL DISTRICT OF
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