



HEAD LICE

559

A. Head Lice (*Pediculosis capitis*)

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.



HEAD LICE

559

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.



HEAD LICE

559

- 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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HEAD LICE FAQ

What are Head Lice?

The Head Louse, *Pediculus capitus*, is a well-adapted human parasite. It can live only on the human head, does not do significant damage to its human host (except in cases of very severe infestations, in which there can be fever and swollen glands), and is well adapted to cling to and travel along hair shafts. The female lays eggs, called nits (which adhere tightly to the hair shaft), close to the scalp.

What is the Head Lice life-cycle?

The louse lives about 30 days. The female can lay eggs when she reaches 10 days of age, and she will lay an average of 6-10 eggs/per day, or about 120-200 eggs during her life. Eggs hatch in 7-10 days, and a "nymph" emerges. The nymph is tiny and almost transparent until it takes its first blood meal, when it darkens in color. The louse will molt three times in the first 9-10 days of life, increasing in size with each molt.

How do lice move?

Lice can only move by crawling. They cannot hop, jump, or fly. They move from one head to another when two people come into close contact.

Why don't I see adult lice in my child's head?

Lice tend to move away from light and toward heat (i.e., toward the scalp). Thus, while we are examining a child's head, the lice are moving away from the light to a different part of the head.

Can lice be transmitted by sitting on furniture where an affected person has been?

This is a less common way to get lice. Once off the human head, lice have no source of food and will die in 24-48 hours. In order to survive, the louse has to find a new human host. So, if a louse is on a hair shaft that has fallen off someone's head, and another person sits down in that place within 2 days, that louse could climb onto the second person. If the louse is a gravid female (female with eggs), the infestation process would then begin.

How do you treat Head Lice?

The keys to treatment are:

1. Killing the adult lice with a pediculicide and combing with a fine tooth comb *and*
2. Finding and removing the nits. This needs to be done in a systemic way, section by section of hair *and*
3. Checking other family members to determine whether they need to be treated, too.
4. Cleaning of combs/brushes/hair accessories, bed linens, furniture, car upholstery and bagging stuffed animals are also good strategies. However, the best use of time is in steps 1, 2, & 3. The most important items to clean are combs/brushes/hair accessories and the sheets, pillowcases and blankets which should be washed in hot water (130°, but turn the hot water back down below 120° to avoid scald burns when finished).

Does the school notify families about Head Lice cases?

We recognize that having head lice affect your family is a nuisance. Notices are sent home based on the School Nurses' assessment of which students have been in close contact with the affected.



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HEALTH SERVICES DEPARTMENT

TREATING HEAD LICE

Read carefully before beginning treatment.

Note: These recommendations are intended to supplement advice from your child's health care practitioner.

1. Prior to using the over-the counter (OTC) lice treatment products, shampoo the hair with a clarifying shampoo like *Prell*, *Neutrogena Clean Replenishing Shampoo*, *Got2b Squeaky Clean* or *Paul Mitchell Shampoo 2 Deep Cleansing Shampoo*. The clarifying shampoo strips the hair of shampoo and conditioner residue. For choice of lice treatment product, consult your health care practitioner.
2. Towel dry the hair thoroughly with a clean towel. (Excess moisture in the hair will dilute the concentration of the pediculicide.) Place the towel in the laundry hamper. Then, use paper towels to remove as much moisture as possible.
3. If using an OTC lice treatment product, it is necessary to use one bottle of the product per person.
4. To apply the lice treatment product, part the hair and apply a "strip" down the part. Rub it back and forth to coat the scalp and hair shafts. Part the hair again ¼" to the side of the first part and repeat. Keep repeating this procedure until the entire head has been treated. (This is a similar technique to applying hair dye.)
5. The recommendation is to leave the lice treatment product on the hair for 10 minutes. In stubborn cases, parents should consult their practitioner about leaving the product on longer.
6. After the lice treatment product is rinsed off, the hair should be toweled dried with a fresh, clean towel, and combed with a fine tooth "**Nit**" comb. Then the hair should be systematically examined and any remaining nits should be removed by hand. Use clean clips or "bobbie pins" so you will remember which sections of hair have been examined. When the nits are removed, they can be dropped in the toilet bowl or stuck onto a piece of scotch or masking tape which is later sealed in a plastic bag and disposed of in the trash. Clean the nit comb frequently, each time with a fresh paper towel.
7. **All family members should be checked for lice, and those who are affected should be treated on the same day.**
8. The home environment should be thoroughly cleaned as per standard instructions. All linens and clothing recently used by the child should be washed in hot water (130°F). After the laundry has been done, turn down your hot water heater to the regular setting to prevent scald burns in the home. Since the lice cannot survive for more than 48 hours/2days away from their food source (the human scalp) the best use of time and the hallmark of treatment remains use of the lice treatment product and the nit removal.
9. Clean all combs, brushes and hair accessories to remove all hair, then either soak them in the lice treatment product for 2 days, microwave them for 3 minutes, or soak them in boiling water for 10 minutes.
10. Repeat the treatment in one week.
11. Please consult your health practitioner for further advice.
12. Remind your child not to share hats, coats, hair accessories, head or earphones.

... Jan 28, 2014 Minutes

Information, Presentation, Report: 3.06 Head Lice in Schools: Report

Dr. Massimo noted that Dr. Adrienne Weiss-Harrison, District Medical Director and School Physician will discuss her department's system for managing the problem of head lice in the schools. She explained that over the past two years, our Health Department's approach to head lice has evolved under the leadership of Dr. Weiss, based upon the recommended guidelines provided by the Center for Disease Control, The National School Nurses Association, the Harvard School of Public Health, and the American Academy of Pediatrics, to name a few prestigious and reputable organizations.

The topic, for some, may evoke emotional response because just thinking about lice causes some people to feel like they have an itchy scalp, and causes others to feel a sensation of something crawling on their scalp. Lice are a nuisance, need to be treated, and can be the bane of many parents, but they can also be a common problem that needs a rational and sensible treatment protocol.

In conclusion, Dr. Massimo remarked that Dr. Weiss will provide the biological and medical facts about head lice, the current practices followed by the school nurses to manage the situation and why, and will discuss the draft policy that she would like the Board to adopt at the March meeting, which has been provided in advance of this evening's meeting.

According to Dr. Weiss, the Health Services Department's approach to head lice (*Pediculosis capitis*) has evolved within the past two years and changes are based on recommended guidelines by the Centers for Disease Control (CDC), American Academy of Pediatrics, National Association of School Nurses, and IdentifyUS (formerly of the Harvard School of Public Health).

As background information, Dr. Weiss explained that for many years, the District had a protocol in which students were excluded from school immediately upon finding head lice or nits and requiring complete nit removal before returning to school. Current evidence suggests that these requirements and other school measures such as vacuuming, spraying and concern about spread through shared school items is not warranted. That protocol resulted in unnecessary absence from school as well as a great deal of time lost from class in screening unaffected students.

In the last ten years, reputable research from the Harvard School of Public Health, The American Academy of Pediatrics, The Center for Disease Control, The National School Nurses Association and others suggests practices that provide results based on scientific evidence and reduce unnecessary absences, limit embarrassment to students, decrease exposure to potentially toxic chemicals and calm anxiety on the part of parents and school staff.

"Excluding children from school with lice does not affect the total number of cases each year. Education of families on how to prevent and treat lice does affect the numbers in school."

(American Academy of Pediatrics Policy Statement 2002).

Along with this evidence-based information, it is vital to reduce time lost from instruction and disruption to lessons in order for the District to fulfill its central mission of educating our students, particularly in meeting increasing standards, such as the Common Core curriculum.

Dr. Weiss showed a PowerPoint presentation, "A Rational Approach to Head Lice in Schools".

Dr. Weiss responded to questions from several board members.

Mrs. Brickel asked if there are any policies on strep and conjunctivitis.

Dr. Weiss said she will review and send to the District Clerk to forward to the Board.