



## ANTILLES UPDATED HEAD LICE POLICY 2018

1. **Parents/Caregivers are the best source of detection of head lice and therefore should check their children frequently. If the child is symptomatic they should be checked every two to three days if live lice are not seen initially.**
2. **If a child is demonstrating symptoms at school they will be sent to the school nurse.**
3. **If the child is found to have live lice, Parents/Caregivers will be notified by the school nurse and the child will be sent home so that prompt, proper treatment of the condition can be initiated to keep other students lice free.**
4. **Treat the head lice per Doctor or Pharmacist recommendation if lice is found. Home remedies do not work so please use a recommended lice eradication product.**
5. **The student may return to school the day after treatment with a pediculocide shampoo. Before re-entry, the School requires the student, accompanied by a parent, to report to the school nurse.**
6. **Notify the school nurse if your child has lice. The expectation is that they be treated prior to returning to school.**
7. **Head lice screening programs have not been proven to have a significant effect over time on the incidence of head lice in the school setting and will no longer be instituted.**
8. **When a case of head lice is identified in the classroom the school will send a letter to parents so they are aware to be diligent in checking their children at home.**

Please contact me if you have any questions.

Sincerely,  
Edye Ciaccia, R.N.  
School Nurse Phone #340-776-1600 x4603

## ANTILLES SCHOOL HEAD LICE INFORMATION

A fact of life for school-aged children is often head lice. You are probably squirming right now just thinking about your child coming home from school scratching his/her head. Lice is a nightmare and a nuisance for every parent, but remember that head lice is not a serious disease or a sign of poor hygiene. Although it is inconvenient, head lice causes no medical harm and can be effectively treated.

### **What are Head Lice & How do they spread?**

Head lice are tiny, grey-to-brown wingless insects that live close to the human scalp. They must feed on human blood to survive. An adult louse is the size of a sesame seed. Baby lice, or nymphs, are smaller. Nits are the tiny, teardrop-shaped lice eggs that attach to the hair shaft and are often found around the nape of the neck or the ears. Nits can look similar to dandruff, but cannot be easily brushed off. Head lice move by crawling and cannot jump or fly. They are mostly spread by direct head-to-head contact – for example, during play at home or school, slumber parties, sports activities or camp. It is possible, but not common, to spread head lice by contact with items that have been in contact with a person who has head lice, such as their clothing, hats, scarves, combs, brushes or towels. You cannot spread nits...only live lice.

A revised clinical report from the American Academy of Pediatrics (AAP), the Center for Disease Control (CDC) and the National Association of School Nurses (NASN), clarifies and updates protocols for diagnosis and treatment, and provides guidance for the management of children with head lice in the school setting.

Most cases of head lice are acquired outside of school. In the report, the AAP, CDC and the NASN recommend that “No nit” policies are unjust and should be abandoned. Because head lice are usually transmitted by head-to-head contact, parents should carefully check a child’s head before and after attending a sleepover or camp where children share sleeping quarters. **This school year Antilles will be sending children home for treatment if head lice are found during the school day. After treatment the child may return to class the next day after checking in with the nurse. Please refer to the new 2018 head lice policy.**

Once a family member is identified with head lice, all household members should be checked. Those with live lice or nits within 1 cm. (1/4 inch) of the scalp should be treated. Excessive environmental cleaning with home pesticides is not recommended. However, washing pillowcases and treating natural bristle hair care items that may have been in contact with the hair of anyone found to have head lice in the 24 to 48 hours before treatment should be cleaned. Louse survival off the scalp beyond 48 hours is extremely unlikely.

Furniture, carpeting, car seats, and other fabrics or fabric-covered items can be vacuumed. Pediculicide spray is not necessary and should not be used. Viable nits are unlikely to incubate and hatch at room temperatures; if they did, the nymphs would need to find a source of blood for feeding within hours of hatching. Although it is rarely necessary, items that cannot be washed can be bagged in plastic for 2 weeks. (the time when any nits that may have survived, would have hatched, and nymphs would die without a source for feeding). Exhaustive cleaning measures are not beneficial.

While it is unlikely to prevent all cases of head lice, children should be taught not to share personal items such as combs, brushes, and hats. Regular observation by parents can also be an effective way to detect and quickly treat head lice infestations.

**Over-the-counter treatment:**

- Head lice should be treated with medication *specifically for head lice*.
- Check with your Doctor or pharmacist for the best recommended treatment method. (The CDC website has an up-to-date list of treatment options)
- Parents and caregivers should make sure that the treatment chosen is safe, rapidly rids the individual of live lice, viable eggs, and residual nits, and should be easy to use and affordable. All products must be used exactly according to manufacturer's instructions. Treatments should be reserved for patients on whom **living lice** are found.
- Read and follow the label directions carefully and specifically. This is very important. Parents should use caution when dealing with any pediculicide, particularly on children.
- Do not use these products as a prevention method to avoid lice.
- Combing (using the fine-toothed comb that is provided in the treatments) can help further reduce the number of live lice and nits on the hair.

**Prescription medication:**

- In some cases, the over-the-counter products fail to eliminate live lice. Your child's physician may then order a prescription for treatment of head lice. As with any treatment product, follow the directions carefully. Ask your physician or the pharmacist if you don't fully understand the directions.

**Do not apply any insecticide or other chemical** not specifically labeled for treating head lice on people. Well-intentioned parents treating their children with toxic or flammable substances have caused deaths and poisonings.

**Alternative treatment:**

- Other products such as essential oils, food oil, salts, enzymes, mayonnaise, etc., have not been studied sufficiently to determine their effectiveness.
- Hand-held hair dryers may kill lice and their eggs but because it is easy to burn the hair and the scalp of children, this method is not recommended.

### **Treatment of clothes:**

- A clothes dryer set at high heat or a hot pressing iron will kill lice or their eggs on pillowcases, sheets, nightclothes, towels and similar items which your child has been in contact with.

### **Freezing:**

- Lice and their eggs on objects (e.g. toys) may be killed by freezing temperatures. Objects that cannot be put in a clothes dryer may be placed in a freezer (or outdoors if sufficiently cold) for several days. This treatment is rarely required.

**Haircuts:** Short hair is more readily searched for lice and eggs, but does not prevent your child from getting head lice.

### **Control Measures in Schools**

- Screening for nits alone is not an accurate way of predicting which children are or will become infested. Over time, screening for live lice has not been proven to have a significant effect on the incidence of head lice in a school community. • Routine classroom or schoolwide screening should be discouraged.
- Head lice infestations have been shown to have low contagion in classrooms.
- Parents should be encouraged to check their children's heads for lice regularly and/or if the child is symptomatic.
- A child with an active head lice infestation likely has had the infestation for 1 month or more by the time it is discovered and poses little risk to others from the infestation.
- All children should be discouraged from close direct head contact with others.
- The American Academy of Pediatrics, CDC and the National Association of School Nurses discourage "no nit" policies that exclude children from school.
- Excessive environmental cleaning with home pesticides is not recommended.
- Vacuum furniture, carpeting, and other fabrics or fabric-covered items.
- Wash shared classroom items in hot water and dry in a hot dryer as a precaution. (It is uncommon to spread head lice by contact with clothing or other personal items such as combs, brushes or hair accessories that have been in contact with a person with head lice).

### **What are the signs and symptoms of infestation?**

- Tickling feeling on the scalp or in the hair
- Itching (caused by bites of the louse)
- Irritability and difficulty sleeping (lice are more active in the dark)
- Sores on the head (caused by scratching, which can sometimes become infected)

Finding a live nymph or adult louse on the scalp or in the hair is an indication of an active infestation. They are most commonly found behind the ears and near the neckline at the back of the head.

