LOUSEOLOGY 101



Parent Information

This program provides general information only. Consult your pediatrician with any specific questions or concerns about exposure to or treatment of lice.

Thanks to Tamalpais Valley School PTA for permission to use their presentation.

Purpose of Louseology 101

- Public agencies in Marin County and throughout the Bay area have reported increased incidents of head lice
- O Parent education can reduce incidents of head lice at school and in the community
 - Hair to hair contact with another person with lice causes the spread of lice cases
 - O Children who travel, attend camps, play with others, go to movies and are active increase chances of contact
 - O There are many myths regarding the cause and treatment of head lice

THE NEED FOR EDUCATION

- O So that we may better work together as a community to minimize lice infestation at school.
- O We have pulled from various medical and scientific resources to bring you "Louseology 101."

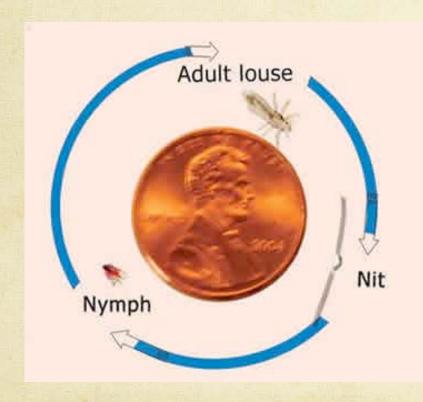


TOPICS OF DISCUSSION



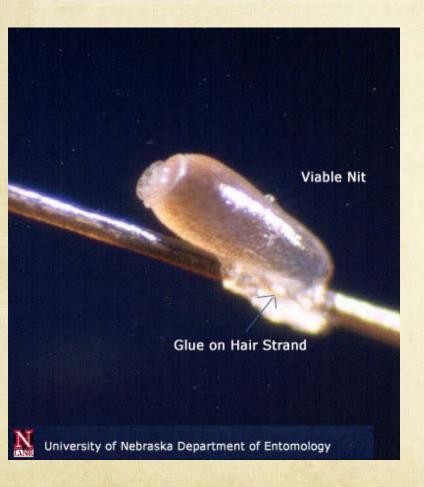
- What are Lice?
- Know your Nits
- Louse Life-Cycle
- How will I know?
- At-Home Lice Checks
- Treatment Options
- Treatments What to do:
 - Keep your wits not your nits!
 - Treating your residence
- Reminders
- Resources & Websites

WHAT ARE LICE?



- Adult head lice are whitish, grey or brown insects that are about 1-3mm in length.
- Adult head lice do not fly or jump they are wingless and do not have back legs. They have six "front" legs and move through hair by climbing.
- Lice are spread by direct contact (head-to-head) and possibly by indirect contact (hats, etc.)
- Lice cannot survive off a human head for more than 24-48 hours.

KNOW YOUR NITS



- Female lice attach eggs ("nits") to the shaft of the hair near the scalp.
- Nits are smaller than a pinhead and are very often mistaken for flakes of dry skin or other hair debris.
- Nits are securely stuck to the hair and you won't be able to remove them with your fingers.

LOUSE LIFE CYCLE



- Nits hatch after about 7-10 days the young lice are called "nymphs."
- Empty egg shells remain attached to the hair after the nymphs are hatched.
- After about 10 days, nymphs become adults and are capable of laying new eggs.
- Nits like clean hair so there are no communities immune to the problem

HOW WILL I KNOW?



- Itching of the scalp is usually the first sign of a lice infestation - commonly behind the ears, at the nape of the neck, and along the lower hairline.
- Upon closer inspection, you may see nits or lice moving through the hair.
- Perform regular lice checks to ensure early detection!

AT-HOME LICE CHECK

- O Position child under good light.
- O Begin at the nape of the neck, work your way along the lower hairline, and then move through the rest of the hair.
- O Using either your fingers or licecheck sticks, part the hair into sections and check for adult lice or nits on the hair shaft.



AT-HOME LICE CHECK

- Remember: Nits will be firmly attached to the hair shaft. You will not be able to blow it away or pull it away with your fingers.
- O Continue to check sections of the hair until satisfied there are no adult lice or nits present.
- O If you discover adult lice or nits, follow appropriate notification procedures and treatment guidelines.



TREATMENT OPTIONS

- O If you discover an infestation, check all members of the household and treat only if lice or nits are seen.
- Consult pediatrician or family physician if this is the first infestation or if you have any questions/concerns about treatment.
- Over-the-counter treatments containing PYRETHRIN (such as Rid) will kill only live lice and requires treatment 7-10 days later to kill any newly matured lice.
- Products containing PERMETHRIN (such as Nix) will kill both nits and lice for several days after treatment. The California Department of Public Health suggests treatment with products containing PERMETHRIN. Follow all product directions carefully.
- The California Department of Public Health suggests that alternative treatment measures using herbal remedies or oils are not effective.
- The MOST IMPORTANT part of any treatment regimen is repeated nit removal. Treatment shampoos will loosen the "glue" used to affix nit to hair, but manual removal of nits is ABSOLUTELY necessary!

WHAT TO DO: KEEP YOUR WITS NOT YOUR NITS!



- Wet hair and seat child in chair in well-lighted area.
- O Separate out a small section of hair.
- O Using a lice-comb or other fine-toothed comb (metal combs work best), comb sections from scalp to end.
- O Rinse comb in bowl of water to remove nits.
- Repeat until all nits are removed from section then twist section and pin to head.

WHAT TO DO: KEEP YOUR WITS NOT YOUR NITS!

- Continue to work in small sections until entire head has been combed and checked for nits.
- Combing should be done every 2-3 days over a two-week period to ensure removal of all nits.
- Manual nit removal is the MOST IMPORTANT step in the treatment of lice!



WHAT TO DO? KEEP YOUR WITS NOT YOUR NITS!

- Nits latch onto individual strands of hair, so fixing longer hair in a braided pony tail helps prevent spreading lice
- Putting blankets, pillows, stuffed animals and other difficult to wash items in a plastic bag for 3 days kills the nits
- Olive oil and Tea Tree treatment make it easier for the nits to be removed but do not kill or treat. It does not replace careful picking out of all nits.

WHAT TO DO: TREATING THE HOUSE

- Wash all bed linens and clothing that has been in contact with the child in the past few days.
- O Use the hot water cycle in the water and the high-heat setting on the dryer.
- O Stuffed animals and pillows can be put in the **dryer** on high-heat for 20-25 minutes or set aside for 48 hours.
- O Items may also be dry cleaned.
- The hot air in a clothes dryer for 25-30 minutes is most effective in killing lice!



WHAT TO DO: TREATING THE HOUSE

- O Disinfect combs and brushes.
- Vacuum floors and furniture.
 Throw vacuum bag or contents of vacuum container away immediately.
- O You may wish to vacuum inside of car and car seat.
- There is NO evidence that "antilice" room sprays are effective



A FEW REMINDERS

- O Lice do not carry disease or sickness and are not considered a "health risk" by the medical community.
- Control Lice can affect anyone!
- Immediate notification of the school, sport teams, families of playmates, or others who may have been exposed is essential to the control of infestation.
- Thorough and continued removal of nits is essential to complete treatment. Most "re-infestations" are actually a continuation of the original problem due to inadequate treatment.
- Marin County School Districts do not have a "no-nit" policy. Students will be allowed back in school after initial treatment, but vigilant continual treatment and checking is essential.
- We must all work together to prevent the spread of head lice. Please do not be embarrassed to call school and parents of children your child has come in contact with prior to discovering the lice.

RESOURCES

American Academy of Pediatrics www.aap.org

National Institutes of Health www.nih.gov

California Department of Public Health www.cdph.ca.gov

School Nurse Association www.nasn.org

Harvard School of Public Health www.hsph.harvard.edu

University of Nebraska Dept. of Entomology www.lancaster.unl.edu



Additional Resources

O Nit Control www.nitcontrol.com

O Bug A Lugz www.bug-a-lugz.com/more.php

Mair Fairies <u>www.hairfairies.com/</u>

These Bay area agencies help with treatment and prevention of lice. Marin County School Districts do not endorse or profit in anyway from sharing these resources.

Thank you

- The policy on Head Lice (BP 5141.33) was revised June 2010. Staff are expected to maintain the privacy of students identified as having head lice.
 - To better manage the spread of head lice, school employees are to report suspected cases of head lice to the school nurse or designee.
 - O If nits or lice are found, the school nurse (or designee) will notify parents, and parents are asked to re-inspect their child's hair for up to 10 days.
 - O Districts will make every attempt to notify parents of other students in affected classrooms to encourage them to check their children and to treat when appropriate.