

## "HEAD LICE HELP" FROM THE HEALTH SERVICES DEPARTMENT



### What Head Lice are NOT:

- Not an Emergency
- Not Dangerous
- Not a Health Risk
- Not able to live more than 48 hours without a host
- Not able to reproduce on pets, carpet, trash cans, furniture, etc.
- Not a sign of "dirty" hair
- Not easily controlled with shampoos alone



Size comparison of nit, nymph (baby), adult head lice and a penny

### What Head Lice Are:

- Are Inconvenient
- Are Frequently found in schools
- Are able to be controlled by manual removal

#### Signs of Head Lice

Frequent head scratching  
Complaints of itchy scalp/head  
Redness behind ears or on back of neck



### How to Get Rid of Head Lice

- Use a special shampoo that is available over the counter or with a prescription. Your pharmacist or health care provider can help recommend one. *It is important to follow the instructions on the bottle carefully.*
- Your child can return to school after one properly applied treatment with lice shampoo if there are no live lice present.
- Nits can be removed by using a fine-tooth comb. You do **not** need to cut or shave your child's hair to get rid of head lice. See "10 Tips for Manual Removal of Nits".

\*Most lice shampoos need to be used a second time, 7-10 days after the first treatment, to make sure that new lice that hatch are killed. Some lice shampoos are very good at killing lice, but not good at killing nits. Be sure to check the label to see if a second treatment is needed.

**"Manual removal is the safe alternative and necessary component of any head lice treatment regimen"**

National Pediculosis Association



## How to Keep Head Lice from Spreading



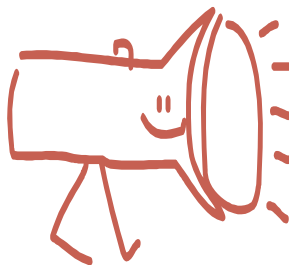
- Head lice are primarily transmitted by direct head-to-head contact and sharing of personal grooming items. Lice cannot jump, hop or fly, but they can crawl rapidly.
  - Discourage children from sharing combs, brushes, hair accessories, scarves, hats or headphones, to diminish the spread of lice. If headphones are used as part of a class, wipe them with a damp cloth before allowing another student to use them. Store each student's hat/coat separately. Articles can be isolated in bags if space is a problem.
  - Vacuum chairs, sofas, pillows, mattresses and car seats. Do the same for carpets and rugs — especially where people sit or lay to watch TV.
  - Combs and brushes can be cleaned by soaking them in boiling water for at least five minutes.
  - Never apply pesticides to your home, child's classroom, bus, furniture, clothing or student in an attempt to control head lice. These applications do not help control lice populations.
  - Be sure to check for lice on other family members and other close contact and treat at the same time.
- Infants under 1 year old should **not** be treated routinely. If your infant has head lice, contact his/her health care provider before treatment.

### SCHOOL READMITTANCE AFTER BEING INSTRUCTED TO TREAT FOR LIVE LICE:

PARENT MUST ACCOMPANY CHILD TO SCHOOL AND PROVIDE PROOF OF TREATMENT. IF LIVE LICE ARE STILL PRESENT PARENT MUST TAKE CHILD HOME FOR FURTHER HEADLICE TREATMENT/REMOVAL.

## 10 Tips for Manual Removal of Nits

1. Work in a well lighted area or use a flashlight and magnifying glass.
2. Use a grooming comb or hairbrush to remove tangles. A hair detangler spray or other hair conditioner may aid in this process.
3. Divide the hair in sections and fasten off the hair that is not being worked on.
4. Use a lice comb to detect and remove lice and nits.
5. Go through hair sections from the scalp to the end of the hair. Nits are usually found close to the scalp.
6. Dip the comb in a cup of hot, soapy water or use tape to remove any lice, nits, or debris from the comb.
7. Sift through the same section of hair and look for attached nits and live lice.
8. Move on to the next section until entire scalp and all hair has been checked.
9. Screen the infested person every day for ten days and regularly thereafter.
10. If additional nits ( at least 3-5 per day) are discovered, another manual search is recommended.



Use a magnifying glass!

Sources: South Carolina DHEC ; National Pediculosis Association ; National Association of School Nurses; Journal of School Health