

Lice / Pediculosis

Head Lice information

LICE (Pediculosis) RATIONALE

According to the American Academy of Pediatrics:

Head lice are not a health hazard or a sign of uncleanliness and are not responsible for the spread of any disease.

It is the position of the American Academy of Pediatrics (AAP) and National Association of School Nurses (NASN) that the management of pediculosis should not disrupt the education process. Children found with live head lice should be referred to parents for treatment. Data does not support school exclusion for nits. Because no disease process is associated with head lice, schools are not advised to exclude students when nits remain after appropriate lice treatment. Further monitoring for signs of re-infestation is appropriate.

Screening for nits alone is not an accurate way of predicting which children will become infested, and screening for live lice has not been proven to have a significant affect on the incidence of head lice in a school community over time. Such screening has not been shown to be effective, therefore classroom or school wide screening should be strongly discouraged.

Because a child with an active head lice infestation has likely had the infestation for a month or more by the time it is discovered, poses little risk to others, and does not have a resulting health problem he or she should remain in class but be discouraged from close head contact with others. If a child is assessed as having head lice confidentiality must be maintained so that the child is not embarrassed.

A child should be allowed to return to school after proper treatment. The AAP and NASN strongly discourage no nit policies. No child should be allowed to miss valuable school time because of head lice.

The Certified School Nurse retains an important role in educating all constituencies about pediculosis and dispelling myths and stigmas regarding lice infestation.

HEAD LICE TIPS

Head lice are not a health hazard or sign of uncleanliness and are not responsible for the spread of any disease. The most common symptom is itching. Individuals with head lice infestation may scratch the scalp to alleviate itching, especially behind the ears and at the nape of the neck, and there rarely may be a secondary bacterial infection.

Appearance:

1. an adult louse is 2-3mm long (size of a sesame seed)
2. pale gray to brown in color (may vary)
3. females live up to 3 – 4 weeks and lay approximately 10 eggs (nits) per day
4. nits are tiny, whitish and firmly attached to the hair shaft close to the scalp with a glue-like substance produced by the louse
5. in general, nits found more than 1 cm from the scalp are unlikely to be viable
6. viable nits may be camouflaged with pigment to match the hair color of the infested person; they appear to have an “eye spot”
7. Empty nit casings are easier to see as they appear opaque white against darker hair

Viability:

1. Nits take 10 – 14 days to hatch and grow for approximately 9 – 12 days
2. the mature louse mates and the females lay eggs and if NOT treated may repeat itself every three weeks
3. viability is on the human head only with feeding by injecting small amounts of saliva and taking tiny amounts of blood from the scalp every few hours
4. lice survive for up to 24 hours off the human scalp at normal temperature and eggs cannot hatch at an ambient temperature lower than that near the scalp

Transmission:

1. lice crawl; they do not hop or fly
2. occurs in most cases by direct contact with the head of another infested individual
3. indirect spread through contact with personal belongings of an infested individual (combs, brushes, hats) is much less likely but cannot be excluded
4. lice found on combs are likely to be injured or dead, and a healthy louse is not likely to leave a healthy head
5. most common in children ages 3 - 12

Prevention:

- ? It is probably impossible to totally prevent head lice infestations. Young children come into close head-to-head contact with each other frequently.
- ? It is prudent for children to be taught not to share personal items such as combs, brushes, and hats
- ? Affected children should be treated promptly to minimize the spread to others.

Treatment:

1. consult your health care provider for appropriate treatment and follow directions.
2. use of a fine-tined metal comb may be helpful in removing nits for aesthetic reasons.
3. all household members of the infected individual should be checked at home and only those found with live lice or nits within 1 cm of the scalp should be treated.
4. it is prudent to clean hair care items and bedding of the infested individual.
5. other items, furniture, clothing or carpeting that have been in contact with the head of the individual with infestation in the 24 to 48 hours before treatment should be considered for cleaning/vacuuuming (louse survival off the scalp beyond 48 hours is extremely unlikely).
6. washing, soaking, or drying items at temperatures greater than 130°F will kill any stray lice or nits.