

Students

Pediculosis

The CREC Council authorizes the Executive Director to work with the School Medical Advisor in an effort to develop and implement guidelines concerning pediculosis or head lice. The guidelines are to include identification, treatment procedures, and notification process which will insure prompt and medically accurate action for students having pediculosis. The guidelines are also to include assertive procedures which will reduce the opportunity of spreading pediculosis to other students. No healthy child will be excluded from or miss school because of head lice.

Policy adopted: June 18, 2003
Policy revised: June 15, 2016

CAPITOL REGION EDUCATION COUNCIL
Hartford, Connecticut

Students

Pediculosis Guidelines

Identification

If a teacher or other school employee views the following symptoms, the student is to be referred to the school/program nurse for a pediculosis screening.

- A. Excessive scratching of the scalp.
- B. Observation of nits (ivory colored eggs approximately 1/32" in length) or lice in hair.

Procedures Regarding Individual Students

1. If live lice or nits appearing in close proximity to scalp or on clothing are observed, the student is to be considered to have pediculosis. In this situation the school nurse will notify the parents or guardians and instruct them on treatment procedures and precautions against spreading.
2. Identified students may return to school immediately following treatment which includes the application of head louse shampoo.
3. To ensure confidentiality, the names of the students who have pediculosis will be shared with no other parents/guardians or staff members
4. If a student's pediculosis problem does not appear to be eliminated by the standard medical treatment, the district medical advisor will collaborate with the school nurse on further treatment recommendations.

Procedures Regarding the School Community

1. If a count of active pediculosis cases exceeds ten percent (10%) of the school enrollment during a ten (10) calendar day period of time, the school nurse or health aide will notify the Assistant Director of Health Services.
2. The Assistant Director of Health Services and school nurse are to assess the extent of the problem and form a plan of action regarding notification of parents of non-infected students. If the school nurse and the Assistant Director of Health Services decide to inform parents of non-infected students, the attached letter may be used (Sample letter for Notification of Pediculosis in School #5141.221 Form 1). If it is decided that more information needs to be distributed, mailer can be done which includes more specific information (Prevention and Control of Pediculosis 5141.221Form 2).

Regulation approved: June 18, 2003
Revised: March 16, 2016

CAPITOL REGION EDUCATION COUNCIL
Hartford, Connecticut

**SAMPLE LETTER FOR NOTIFICATION OF PEDICULOSIS IN SCHOOL
(To be typed on individual school letterhead)**

To All Parents:

This week a few cases of PEDICULOSIS or HEAD LICE have appeared in our school. Pediculosis is often a fact of life for school-age children. While inconvenient, head lice cause no medical harm and can be effectively treated. Head lice are not a health hazard or a sign of poor hygiene and, in contrast to body lice, are not responsible for the spread of any disease. No healthy child should be excluded from or miss school because of head lice.

Pediculosis usually is transmitted from one infected child to another by direct contact with the hair. Personal items like combs, brushes, towels, and bedding are other frequent sources of infestation. Clothing, such as hats, ribbons, scarves, topcoats, and sweaters, provide excellent transportation from one individual to another.

Students at school have had their hair checked by the school nurse or nurse's aide. It would, however, be helpful if you also check your child's hair. Although the lice are difficult to see, you can identify them by a close inspection, possibly aided by a hand lens, which may reveal small, ivory colored eggs attached to individual hairs. In checking the scalp, pay particular attention to the back of the head and the area behind the ears. Another telltale sign is a persistent itch of the scalp, often accompanied by infected scratch marks or what appears to be a rash.

If you find anything in your child's hair that looks suspicious to you, please call your physician or the school nurse for consultation. Although there are over the counter shampoos, we would advise you to contact your physician and consider a prescription shampoo that appears to be the most effective in controlling head nits and lice. This is being suggested not only to protect your child but also the other students in the building. If you wish to learn more about pediculosis there is literature regarding pediculosis available at the school.

Once again, I want to strongly stress that pediculosis is a common occurrence in any school system and the few cases that we currently have are under control. I thank you for your cooperation, and if you have any questions or concerns contact the school nurse, _____ at the _____ school.

Sincerely,

School Principal

School Nurse

PREVENTION AND CONTROL OF PEDICULOSIS

How You Get It

Head lice are usually transmitted through close personal head-to-head contact with another infected individual or through use of common combs, brushes, and other grooming aids; through sharing hats, caps, wigs, coats, or through commingling of these items at the homes of friends, at school, or other public places. Most parents have the impression that lice become established on persons who are unclean. In the case of head lice, this is **NOT** true. Frequent bathing will neither prevent head lice nor eliminate an infestation once it has become established.

What To Look For

Head lice are elongated insects about this (--) long and are grayish white with dark margins. Lice do not have wings and, therefore, **cannot** fly. They do not jump, but do move quickly; this makes them difficult to find in the child's hair.

Since crawling forms are so difficult to see, the diagnosis of pediculosis infestation is frequently made on the basis of finding nits. A nit is a louse egg. Nits are teardrop in shape, about this size (-), and vary in color from yellowish brown to white. Head lice attach each nit to a hair shaft with a waterproof, cement-like substance. Thus, nits cannot be washed or brushed out of the hair like dandruff or other debris that sometimes look like nits to the naked eye. Clusters of nits may be found in any section of hair, especially behind the ears and at the back of the neck; but, in mild cases, a careful examination of the entire scalp may be necessary to detect them. Watch for redness of the scalp and for itching. A bright light directed at the scalp can be helpful for identifying nits.

Treatment

Treatment is directed at the infected individual and his/her personal articles, e.g., caps, combs, brushes, towels, bedding, etc. Fumigation or use of insecticides in the home is not recommended by the U.S. Public Health Service. Follow the directions included in the treatment medication prescribed.

1. Individual Treatment

- A. Remove outer clothing above the waist. For young children, it may be easier to remove all clothing and place the child in a bath or shower area.
- B. Apply head louse shampoo according to your physician's instructions or label instructions provided by the drug manufacturer. Several medicated shampoos (Pediculicide) are available for head lice.

- C. Have child put on clean clothes after treatment. Wash the child's clothes and towels separately from family laundry.
- D. Cover the child's shoulders with a clean dry towel; then, fine-tooth comb the hair. Comb small amounts of hair at one time. (Do this outside the house, if possible, until all nits/shells have been removed).
- E. The child may return to school immediately following treatment.
- F. Shampoo the morning after the treatment using a mild shampoo followed by fine-tooth combing as above.
- G. Carry out fine-tooth combing daily and wash hair thoroughly with regular shampoo until nits are removed.
- H. Examine all family members of infected children. Only family members who have crawling forms or nits should be treated. Siblings or a parent who share a bed with a child known to be infected should be examined very carefully to determine if there is evidence of infestation. Continual awareness and frequent checking is important.
- I. Follow the directions for repeat treatment from your physician or the instructions with the medication used for initial treatment.

2. Disinfection of Personal Articles and Environment

Parents can also wash in hot water or dry-clean all recently worn hats, used bedding, and towels used by anyone having lice or thought to be exposed to lice. Personal care items such as combs, brushes and hair clips should also be washed in hot water.

Since heat is lethal to lice and their eggs, personal articles should be machine washed in hot water and/or dried using the hot cycle of the dryer. Eggs are killed in five minutes at 51.5 degrees centigrade (125 degrees Fahrenheit), and crawling forms succumb to slightly lower temperatures. Home hot water heaters keep water at about 60 degrees centigrade when the heat selector is set on medium or high. However, some water heaters are not able to sustain the 60 degrees centigrade water temperature when several loads of laundry are processed one after the other or when other demands for hot water (bathing) are made simultaneously. To maintain the water at 60 degrees centigrade or higher, allow time between loads of laundry or baths for the water heater to regain its maximum water temperature. If total reliance is placed on the clothes dryer for disinfection, dry articles for at least 20 minutes at the high heat setting. Some non-washable articles may be disinfected in the dryer provided that high heat will not harm the material.

- A. Machine wash all washable clothing and bed linens that have been in contact with the infected individual within the previous three days. Personal articles of clothing or bedding that cannot be washed or dried on the high heat setting may be dry cleaned or simply placed in a plastic bag and sealed for a period of ten days.
- B. Combs, brushes, and similar items can be disinfected by soaking when in either one of the pediculicide shampoos, or a two percent Lysol solution for one hour, or by soaking them in a pan of water heated on the stove to above 140 degrees Fahrenheit for five to ten minutes (caution: heat may damage some combs and brushes).
- C. The U.S. Public Health Service recommends that environmental clean-up be consistent and limited to careful vacuuming of carpets, upholstered furniture, personal belongings, etc. Use of insecticides or fumigants on upholstered furniture, carpets, bedding, etc., is not recommended.

Please call either your physician or the school nurse for further information if you have any questions. You must have your child checked by the school nurse before re-entering class.

Thank you for your cooperation.

School Principal

School Nurse

Date