



VAN INDEPENDENT SCHOOL DISTRICT

Lice Prevention, Control, and Treatment Protocol

Policy

Based on recommendations from the American Academy of Pediatrics, 2010, and the 2013 update to the Texas Administrative Code (TAC Title 25, part 1, Chapter 97, Subchapter A, Rule 97.7), Van ISD has updated its Lice Prevention, Control, and Treatment Protocol to reflect the most current guidelines in the control of lice. Students should not be excluded from school due to head lice. The Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the Texas Department of Health Services (DSHS) support that there is little evidence that exclusion from school reduces the transmission of head lice (DSHS, 2007). Head lice are common for children ages 3-12. Head lice are not a health hazard and are not responsible for the spread of any disease. They are the cause of much embarrassment, misunderstanding, and many unnecessary days lost from work and school. “No-nit” policies which keep kids with lice home as long as they have any evidence of an infestation do not benefit students or their classmates and “should be abandoned” (AAP, 2010). The goal of lice prevention, control, and treatment in schools is to prevent the spread of lice between students. Lice control involves a joint effort between the home, school, and after-school programs.

Questions regarding Van ISD Lice Policy, Protocol, and Procedures should be directed to the campus nurse or the administration.

Initial Identification of Infestation

Cases of lice should be confirmed by the school nurse. Confidentiality will be maintained and information about any student with lice or nits will not be shared with other students or staff members.

Live Lice

- All students identified with **live lice** will be sent home at the end of the school day after contacting parent/guardian by phone. They should not be excluded from school, unless otherwise recommended by the school nurse.
- If the parent/guardian is unable to be notified via phone call, a letter will be sent home with the student that has been identified with lice. This notification will be done as soon as possible but no later than 48 hours after lice have been identified. Parents of students assigned to the same classroom will be notified via letter as soon as possible but no later

than the fifth school day after lice have been identified in their classroom. Parents/Guardians will be advised to treat their child for head lice.

- Before treating young children, please consult the child's doctor or the health department for the recommended treatment based on the child's age and weight.
- The name of the treatment product must be provided by the parent/guardian on the treatment letter. (see Resource Section). Educational materials about treatment and prevention should be given and explained to parent/guardian. After treatment has been completed, the student may return to school.

Nits

- Many nits are more than ¼ inch from the scalp. Such nits are usually not viable and very unlikely to hatch and become crawling lice, or may in fact be empty shells, also known as 'casings.'
- Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.
- The burden of unnecessary absenteeism to the student affected, families and communities far outweighs the risks associated with head lice.
- Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel.
- Parents/guardians of students identified with **nits only** will be contacted to see if treatment has taken place within the last seven days. The name of the treatment product must be provided by the parent/guardian.
- If treatment **has** occurred within the last week, and the parent/guardian requests more information, the student will be sent home with educational material about nit removal and prevention of lice.
- If treatment **has not** occurred within the last seven days, the student should be sent home at the end of the day for treatment and removal of lice (AAP, 2010). Educational materials about treatment and prevention of lice should be provided and explained to parent/guardian. Once treatment has been completed, the student may return to school.

Requirements for Readmission to School

- Student must bring proof of treatment or a statement verifying treatment signed by parent/guardian.
- If live lice are found by the campus nurse during a re-check, counseling on adequacy of treatment will be provided to the parent/guardian by the campus nurse.

- The student may remain in school unless otherwise recommended by the school nurse. If the school nurse feels that a student needs to return home after live lice are found during a re-check, the school nurse will communicate his/her concerns with the campus principal and/or Health Coordinator. If a student must return home, the school nurse or campus principal will contact the parent/guardian via phone to discuss the reason for the recommendation.

Classroom Control Measures:

- The school nurse will provide teachers with a checklist for classroom lice control. Contact the school nurse for any questions regarding classroom lice control.
- Teachers and district staff are expected to follow district guidelines to prevent the spread of lice.
- At all times, schools are encouraged to discontinue fabric-covered items, i.e., pillows, blankets used by more than one child. Teachers may request storage bags to separate all coats/sweaters.
- Lice screening is recommended for those who have had close head-to-head contact such as family members or table mates (National Association of School Nurses, 2011).

Responsibilities of School Nurse

- The school nurse will conduct individual screening for students reporting or demonstrating symptoms of lice (i.e. lice visible in hair, scratching scalp). Current evidence does not support the efficacy and cost effectiveness of classroom or school wide screening for decreasing the incidence of head lice among school children (CDC, 2007) (AAP, 2010).
- The school nurse will provide educational materials regarding lice for students, staff and parents upon request. Additionally, the school nurse will submit articles to educate parents and staff regarding lice and will provide education to students, staff, and parents regarding prevention, detection and treatment of lice as needed.

Responsibilities of Staff

- All staff members should be familiar with the signs and symptoms of lice infestation. Detection of lice or nits, or suspicion of lice or nits, should be promptly and confidentially reported to the school nurse.
- Classroom teachers should survey the classroom environment regularly for students displaying signs of lice or items in the classroom that could be contributing to the spread of lice.
- Classroom teachers should implement the “Checklist for Classroom Lice Control” and make appropriate changes. (see Appendix for Checklist).

- Classroom teachers should send students to the nurse's office for inspection if lice are visible in hair or student shows symptoms of lice.

Parent/Guardian Role in Prevention/Treatment

- Parents/Guardians are advised to make lice screening a part of their family routine by conducting a weekly head check.
- Parents/Guardians should follow the recommendations and/or treatment guidelines provided.

Community Education and Cooperation

- Van ISD lice prevention, control, and treatment protocol as well as educational information may be shared as requested with after-school organizations, athletic and recreational facilities, churches, and daycares.
- Educational materials such as pamphlets and handouts will be available at each campus in the nurse's office.



Lice Resources for Parents

General Information

What are head lice?

The head louse, or *Pediculus humanus capitis*, is a parasitic insect that can be found on the head, eyebrows, and eyelashes of people. Head lice feed on human blood several times a day and live close to the human scalp. Head lice are not known to spread disease.

Who is at risk for getting head lice?

Head lice are found worldwide. In the United States, infestation with head lice is most common among pre-school children attending daycare, elementary school children, and household members of infested children. Although reliable data on how many people in the United States contract head lice each year is not available, an estimated six to twelve million infestations occur each year in the United States among children three to eleven years of age. In the United States, head lice infestation is much less common among African-Americans than among persons of other races, possibly because the claws of the of the head louse found most frequently in the United States are better adapted for grasping the shape and width of the hair shaft of other races.

How do head lice move?

Head lice move by crawling; they cannot hop or fly. Head lice are spread by direct contact with the hair of an infested person. Anyone who comes in close head-to-head contact with someone who has head lice is at greatest risk. Head lice can also be spread by contact through clothing (such as hats, scarves, coats) or other personal items (such as combs, brushes, towels) used by an infested person. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.

What do head lice look like?



Head lice have three forms: the egg (also called a nit), the nymph, and the adult. Actual size of the three lice forms compared to a penny. (CDC Photo)

Egg/Nit: Nits are lice eggs laid by the adult female head louse at the base of the hair shaft nearest the scalp. Nits are small, oval and roughly the size of a knot tied in a thread which make them very difficult to see. They are firmly attached to the hair shaft and often appear yellow or white; however, some live nits can appear to be the same color as the hair of the infested person. Nits are often confused with dandruff, scabs, or hair spray droplets. Head lice nits usually take about 8–9 days to hatch. Eggs that are likely to hatch are typically located no more than $\frac{1}{4}$ inch from the base of the hair shaft. Nits located further than $\frac{1}{4}$ inch from the base of hair shaft may have (1) already hatched, (2) be non-viable nits, or (3) be empty nits or casings. This is difficult to distinguish with the naked eye. Illustration of egg on a hair shaft. (CDC Photo)



Nymph: A nymph is an immature louse that hatches from the nit. A nymph looks like an adult head louse, but is smaller. To live, a nymph must feed on blood. Nymphs mature into adults about 9–12 days after hatching from the nit. Nymph form. (CDC Photo)



Adult Louse: The fully grown and developed adult louse is about the size of a sesame seed, has six legs, and is tan to grayish-white in color. Adult head lice may look darker in people with dark hair than they do in people with light hair. To survive, adult head lice must feed on blood. An adult head louse can live about 30 days on a person's head but will die within one or two days if it falls off or is removed. Adult female head lice are usually larger than males and can lay about six eggs each day. Adult louse. (CDC Photo)



Where are head lice most commonly found?

Head lice and nits are found almost exclusively on the scalp, particularly around and behind the ears and near the neckline at the back of the head. Head lice or head lice nits can be found on eyelashes or eyebrows but is not common. Head lice hold tightly to hair with hook-like claws at the end of each of their six legs. Head lice nits are cemented firmly to the hair shaft and can be difficult to remove even after the nymphs hatch and empty casings remain.

What are the signs and symptoms of head lice infestation?

- Tickling feeling of something moving in the hair.
- Itching, caused by an allergic reaction to the bites of the head louse.
- Irritability and difficulty sleeping; head lice are most active in the dark.
- Sores on the head caused by scratching. These sores can become infected with bacteria found on the person's skin.

How did my child get head lice?

Head-to-head contact with an infested person is the most common way to get head lice. Head-to-head contact is common during play at school, at home, and elsewhere (sports activities, playground, slumber parties, camp). Although uncommon, head lice can be spread by sharing clothing or belongings. This happens when lice crawl, or nits attached to shed hair hatch, and get on shared clothing or belongings. Examples include:

- sharing clothing (hats, scarves, coats, sports uniforms) or articles (hair ribbons, barrettes, combs, brushes, towels, stuffed animals) recently worn or used by an infested person;
- lying on a bed, couch, pillow, or carpet that has recently been in contact with an infested person.

Dogs, cats, and other pets do not play a role in the spread of head lice.

How is a head lice infestation diagnosed?

The diagnosis of a head lice infestation is best made by finding a live nymph or adult louse on the scalp or in the hair. Because nymphs and adult lice are very small, move quickly, and avoid light, they can be difficult to find. Use of a magnifying lens and a fine-toothed comb may be helpful to find live lice. If crawling lice are not seen, finding nits firmly attached within a ¼ inch of the base of the hair shafts strongly suggests, but does not confirm, that a person is infested and should be treated. Nits that are attached more than ¼ inch from the base of the hair shaft are almost always dead or already hatched. Nits are often confused with other things found in the hair such as dandruff, hair spray droplets, and dirt particles. If no live nymphs or adult lice are seen and the only nits found are more than ¼-inch from the scalp, then most likely, the infestation is old and no longer active and does not need to be treated.

If you are not sure if a person has head lice, the diagnosis should be made by their health care provider, local health department, or other person trained to identify live head lice.

Checklist for Classroom Lice Control

_____ Play items (hats, wigs, dress up clothes, etc.) cleaned after each child's use.

_____ Sweaters, backpacks, and coats hung separately on hooks and not touching (can often be placed in student's personal backpack).

_____ Children's personal items (combs, brushes, hats, scarves) kept in backpack and not used in classroom.

_____ Carpet is vacuumed daily.

_____ No sharing of cloth, upholstered pillows, or mats.

_____ Nap items (pillows, blankets, towels, etc.) are stored separately in a cubby or plastic bag and washed weekly.

_____ Observation of children for:

- Nits/lice in hair (on nape of neck, over ears, and within ¼ inch of scalp)
- Scratching of head and neck.

CDC RECOMMENDED TREATMENT AND CONTROL OF HEAD LICE AND NITS

This information is not meant to be used for self-diagnosis or as a substitute for consultation with a health care provider. If you have any questions about the parasites described below or think that you may have a parasitic infection, consult a health care provider.

Over-the-counter Medications

Many head lice medications are available over-the-counter without a prescription at local drug stores or pharmacies. Each over-the-counter product approved by the FDA for the treatment of head lice contains one of the following active ingredients. If crawling lice are still seen after a full course of treatment, contact your health care provider.

1. **Pyrethrins** combined with piperonyl butoxide; Brand name products: A-200*, Pronto*, R&C*, Rid*, Triple X*.

Pyrethrins are naturally occurring pyrethroid extracts from the chrysanthemum flower. Pyrethrins are safe and effective when used as directed. Pyrethrins can only kill live lice, not unhatched eggs (nits). A second treatment is recommended 9 to 10 days after the first treatment to kill any newly hatched lice before they can produce new eggs. Pyrethrins generally should not be used by persons who are allergic to chrysanthemums or ragweed. Pyrethrin is approved for use on children 2 years of age and older.

2. **Permethrin lotion, 1%**; Brand name product: Nix*.

Permethrin is a synthetic pyrethroid similar to naturally occurring pyrethrins. Permethrin lotion 1% is approved by the FDA for the treatment of head lice. Permethrin is safe and effective when used as directed. Permethrin kills live lice but not unhatched eggs. Permethrin may continue to kill newly hatched lice for several days after treatment. A second treatment often is necessary on day 9 to kill any newly hatched lice before they can produce new eggs. Permethrin is approved for use on children 2 months of age and older.

Prescription Medications

The following medications, in alphabetical order, are approved by the U.S. Food and Drug Administration (FDA) for the treatment of head lice and are available only by prescription. If crawling lice are still seen after a full course of treatment, contact your health care provider.

- **Benzyl alcohol lotion, 5%**; Brand name product: Ulesfia lotion*

Benzyl alcohol is an aromatic alcohol. Benzyl alcohol lotion, 5% has been approved by the FDA for the treatment of head lice and is considered safe and effective when used as directed. It kills lice but it is not ovicidal. A second treatment is needed 7 days after the first treatment to kill any newly hatched lice before they can produce new eggs. Benzyl alcohol lotion is intended for use on persons who are 6 months of age and older and its safety in persons aged more 60 years has not been established. It can be irritating to the skin.

- **Ivermectin lotion, 0.5%;** Brand name product: Sklice*

Ivermectin lotion, 0.5% was approved by the FDA in 2012 for treatment of head lice in persons 6 months of age and older. It is not ovicidal, but appears to prevent nymphs (newly hatched lice) from surviving. It is effective in most patients when given as a single application on dry hair without nit combing. It should not be used for retreatment without talking to a healthcare provider.

Given as a tablet in mass drug administrations, oral ivermectin has been used extensively and safely for over two decades in many countries to treat filarial worm infections. Although not FDA-approved for the treatment of lice, ivermectin tablets given in a single oral dose of 200 micrograms/kg or 400 micrograms/kg repeated in 9-10 days has been shown effective against head lice. It should not be used in children weighing less than 15 kg or in pregnant women.

- **Malathion lotion, 0.5%;** Brand name product: Ovide*

Malathion is an organophosphate. The formulation of malathion approved in the United States for the treatment of head lice is a lotion that is safe and effective when used as directed. Malathion is pediculicidal (kills live lice) and partially ovicidal (kills some lice eggs). A second treatment is recommended if live lice still are present 7–9 days after treatment. Malathion is intended for use on persons 6 years of age and older. Malathion can be irritating to the skin. Malathion lotion is flammable; do not smoke or use electrical heat sources, including hair dryers, curlers, and curling or flat irons, when applying malathion lotion and while the hair is wet.

- **Spinosad 0.9% topical suspension;** Brand name product: Natroba*

Spinosad is derived from soil bacteria. Spinosad topical suspension, 0.9%, was approved by the FDA in 2011. Since it kills live lice as well as unhatched eggs, retreatment is usually not needed. Nit combing is not required. Spinosad topical suspension is approved for the

treatment of children 6 months of age and older. It is safe and effective when used as directed. Repeat treatment should be given only if live (crawling) lice are seen 7 days after the first treatment.

For second–line treatment only:

- **Lindane shampoo 1%;** Brand name products: None available

Lindane is an organochloride. The American Academy of Pediatrics (AAP) no longer recommends it as a pediculocide. Although lindane shampoo 1% is approved by the FDA for the treatment of head lice, it is not recommended as a first–line treatment. Overuse, misuse, or accidentally swallowing lindane can be toxic to the brain and other parts of the nervous system; its use should be restricted to patients for whom prior treatments have failed or who cannot tolerate other medications that pose less risk. Lindane should not be used to treat premature infants, persons with HIV, a seizure disorder, women who are pregnant or breast–feeding, persons who have very irritated skin or sores where the lindane will be applied, infants, children, the elderly, and persons who weigh less than 110 pounds. Retreatment should be avoided.

When treating head lice

1. Do not use extra amounts of any lice medication unless instructed to do so by your physician and pharmacist. The drugs used to treat lice are insecticides and can be dangerous if they are misused or overused.
2. All the medications listed above should be kept out of the eyes. If medicine comes in contact with the eyes, flush eyes immediately.
3. Do not treat an infested person more than 2–3 times with the same medication if it does not seem to be working. This could be a result of using the medicine incorrectly or resistance to the medication. Always seek the advice of your health care provider if this should happen. He/she may recommend an alternative medication.
4. Do not use different head lice drugs at the same time unless instructed to do so by your physician and pharmacist.

**Use of trade names is for identification purposes only and does not imply endorsement by the Public Health Service or by the U.S. Department of Health and Human Services.*

CDC RECOMMENDED HOUSEHOLD CLEANING GUIDELINES FOR TREATMENT AND CONTROL OF HEAD LICE AND NITS

Clean the household environment with recommended lice control methods while treating an infested person. Head lice do not survive long if they fall off a person and cannot feed. You don't need to spend a lot of time or money on housecleaning activities. Follow these steps to avoid re-infestation by lice that have recently fallen off the hair or crawled onto clothing or furniture.

1. Machine wash and dry clothing, bed linens, and other items that the infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned **OR** sealed in a plastic bag and stored for 2 weeks.
2. Soak combs and brushes in hot water (at least 130°F) for 5–10 minutes.
3. Vacuum the floor and furniture, particularly where the infested person sat or lay. However, the risk of getting infested by a louse that has fallen onto a rug, carpet or furniture is very small. Head lice survive less than 1–2 days after falling off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the same temperature as that found close to the human scalp.
4. Do not use fumigant sprays; they can be toxic if inhaled or absorbed through the skin.



NOTIFICATION OF HEADLICE/NITS

Date: _____

Dear Parent/Guardian:

Your child, _____, has head lice/nits. Even though lice do not jump or fly, they can be spread from one person to another by sharing combs, brushes, clothing and hats. Head lice can happen to anyone. It is not a sign of poor health habits or being dirty.

To control the spread of head lice, your child may not return to school until after he/she has been treated. Upon return to school, please send this form back to your school nurse or call first thing in the morning.

It is recommended that all household members be checked and treated the same day. The student will be checked for lice and upon returning to school by the school nurse. Please have your child report to the office before going to class.

I am available to discuss any questions you might have concerning this matter.

School Nurse

Telephone Number

The following information is required before your student can re-enter the class room. Please complete and have your child take it to the nurse's office when she/he returns to school.

Child's Name

Date of Treatment

Parent's Signature

Name of Treatment/Shampoo/Rinse



NOTIFICATION OF HEADLICE IN THE CLASSROOM

Dear Parent/Guardian:

A case of head lice was identified in your child's class today. The purpose of this letter is to inform you of head lice and encourage you to **check your child this evening and at least once a week**, so we can keep the situation under control. Head lice are parasitic insects which live on the scalp. The signs and symptoms of head lice are: persistent itching/scratching of the scalp, visible live lice, and/or eggs which are also referred to as nits which resemble dandruff but do not come off easily. Head lice do not hop, jump, or fly. They crawl from one person to another by direct contact and by use of infested articles. To control and avoid lice: do not share hats, coats, headgear, combs or brushes; inspect hair weekly for presence of lice and nits; notify your child's school, day care center, or nursery if you find lice/nits; and treat promptly if you find lice/nits.

Children with head lice are not allowed to return to school until they have received recommended treatment and have been cleared by school staff. It is important to notify the school if you find that your child has an active case and has received treatment.

I am available to discuss any questions you might have concerning this matter.

School Nurse

Telephone Number

If you identify lice on your child, please complete the information below. The following information is required before your student can re-enter the class room. Please complete and have your child take it to the nurse's office when she/he returns to school.

Child's Name

Date of Treatment

Parent's Signature

Name of Treatment/Shampoo/Rinse

How to Remove Nits

HELPFUL HINTS FOR NIT REMOVAL

Removing nits is the most important step in preventing the recurrence of head lice. For the initial treatment, use a pediculicide shampoo or treatment to kill the live lice and then:

- Combing wet hair is easier than combing dry hair.
- To effectively remove nits, separate the hair into small sections. A section should be no more than $\frac{1}{2}$ an inch wide at the scalp, and not longer than the width of your nit comb.
- For each section, first look carefully at the roots of the hair. Nits will be attached very close to the scalp. They are light-colored oval containers about the size of the head of a pin. You may see very few nits or you may see many. Either way, your goal is to remove every single one.
- Putting the comb teeth as close to the scalp as possible, insert the comb through the entire $\frac{1}{2}$ -inch section of hair. Angle the comb sharply in the direction you're combing, and run it along the scalp through the hair roots. Next, pull the comb through the hair from the scalp all the way to the ends, using pressure to make sure no strands escape from the comb. (You'll get the hang of it quickly.)
- Once your child's hair is dry, use a bright light and check his/her hair thoroughly to see if you missed any nits. (Nits can be easier to spot on dry hair.) If you don't have the nit comb on hand, you can also remove nits with your fingernails ("nitpicking").
- Brush wet hair daily with nit removal comb; brushing dry hair is not effective (AAP, 2010).
- Remember the key to successful lice treatment is complete removal of ALL nits.

References:

Center for Disease Control

Division of Parasitic Diseases (DPD) National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ZVED) Information for Schools, Information for Parents Content Source; May 16, 2007

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