

SAGINAW COUNTY DEPARTMENT OF PUBLIC HEALTH  
PERSONAL AND PREVENTIVE HEALTH SERVICES

**GENERAL INFORMATION AND RECOMMENDATIONS  
FOR SCHOOL AND CHILD CARE CENTER ADMINISTRATORS  
IN THE CONTROL OF HEAD LICE (PEDICULOSIS)**

**INTRODUCTION:**

In recent years there has been a significant rise in the increase of pediculosis (lice). Lice are not dangerous, but they require attention because they spread rapidly and are difficult to control.

**Three varieties of lice are found to inhabit the hair and/or clothing:** *Pediculus capitis* (head lice), *Pediculus humanus* (body lice), and *Phthirus pubis* (pubic or crab lice).

**The following information pertains to head lice:**

A head lice outbreak is often found in school-age children because the school environment provides the opportunity for transmission through close personal head-to-head contact in classrooms, and playgrounds. While the home is the optimal location for identification and prevention of this condition, school personnel need to be aware of symptoms and prevention methods as well.

**DEFINITION:**

Head lice are insects. Lice live in the hair and cause itching of the scalp and sometimes a rash. They also lay eggs (nits) which hatch into more lice. The nits are attached to the hair and are hard to pull off. The adult female lives approximately 30 days during which time she will lay about 90-150 eggs (nits). These eggs hatch in about seven to ten days. Lice feed on human blood. In order to survive, they must feed within 24-48 hours. Lice are tiny and very hard to see (similar to a tiny reddish brown ant), but the nits are small, grayish, oval shaped eggs (similar to a grain of salt or sand on the hair shaft) which can easily be seen with the naked eye. Since the eggs are incubated by human body heat, viable eggs are most likely to be found within  $\frac{1}{4}$  "of the scalp or closer. Nits can be found further out on the hair shaft but studies have shown that these are more likely to be non-viable. It is encouraged to remove all nits to avoid confusion regarding diagnosis.

**METHODS OF TRANSMISSION:**

1. Direct contact with an infested person's head/hair.
2. Sharing combs, brushes, hats, scarves, wigs, pillows, bedding, helmets, and headphones.
3. Indirectly, by placing clothing of an infested child in contact with the clothing of an uninfested child.

**SYMPTOMS:**

1. Frequent scratching of the head.
2. Presence of live lice or nits are most commonly found at the neck and above and behind the ears. In order to see the nits, part the hair carefully, beginning at the nape of the neck and the area around the ears. Use a disposable item such as a popsicle stick, toothpick, or comb for the inspection. If nits are not found in these areas, continue to inspect the rest of the hair. In order to avoid mistaking dandruff for nits, attempt to pull the particle from the hair shaft. If it remains attached, you have reason to suspect nits, and therefore, head lice.

**PERIOD OF COMMUNICABILITY:**

While lice remain alive on an infested person.

## **MANAGEMENT:**

1. If you suspect that a child has lice, arrange for an inspection of the child's head. This can be done by person in your facility who has been trained to identify nits and lice. This should be done in a private setting to avoid embarrassment for the child.
2. If head lice are confirmed, the child should be excluded from the facility at the end of the school day and may return after adequate treatment has been given. Parents should be informed of the condition, given information on head lice and treatment and referred to their doctor or the health department for further instructions or assistance if needed.
3. **The child should not be readmitted to the facility until the head is inspected and found to be free of lice and nits within 1/4" from the scalp. A child may return to class with nits remaining if they are further than 1/4" from the scalp. Emphasize to the parent they need to continue combing and remove all nits. Encourage head checks in the home setting for 3 weeks after the initial diagnosis. A second treatment may be needed if live lice are found 7-10 days from the first treatment. Teach parents to check their child's head along with regular hair hygiene practices in the home.**

## **PREVENTION OF SPREAD:**

1. It is no longer recommended that mass screenings be performed in schools. It may be wise to check siblings of the affected student and close friends. A letter should be sent home in the affected classroom so that parents will know to check their child's head at home.
2. If several cases are found in various classrooms, you may want to consider more intense screening.
2. It is extremely important that all children who are excluded be inspected before returning to their class. If live lice or nits ¼ "or closer to the scalp are found, the student should not be allowed to return to the classroom.
3. Since coat racks allow for touching of coats, scarves, and hats, providing for storage at each child's seat may prevent spread. Plastic drawstring bags can also be used to store belongings in the coat rack area as an option during a classroom outbreak. Individual lockers are preferable for prevention of head lice.
4. Carpets should be vacuumed daily.
5. Audio headsets, helmets, and other items in prolonged contact with the hair or clothing of more than one child should be thoroughly wiped with a disposable tissue moistened with alcohol between uses.
6. Certain physical education activities such as tumbling on mats should be curtailed during periods when head lice is occurring in the school.
7. Close observation by the classroom teacher will aid in early detection and treatment.
8. Parental / school staff cooperation is essential to an effective lice control program. Note for children scratching their heads. Send notification letters home with students when a case of head lice is found. Teach parents what to look for in screening for head lice at home.
9. Designate an individual in the school to evaluate chronic cases within the school and/or school district that will work together with the local health department to achieve compliance with the school's lice policy.
10. Refer to the MDCH [Michigan Head Lice Manual](#) for additional school assistance and supplemental materials for education of staff and parents.

### **PRIVACY AND RESPECT FOR THE INDIVIDUAL:**

An important point to keep in mind when dealing with the diagnosis and treatment of head lice infestation is that the child and parents are often embarrassed by the condition. School personnel and health professionals tend to reinforce this feeling as they may be embarrassed and attach a social stigma to the problem. Maintaining a positive approach in dealing with the problem will facilitate cooperation and preserve good parent-school-health department relationships. It should be stressed that people in all walks of life may get head lice. Having head lice does not necessarily mean a person is "dirty", as transmission occurs very easily from one infested individual to another regardless of the level of hygiene.

### **NURSE SUPPORT:**

Unfortunately, the health department is not in a position to provide full time nursing service to school or child care centers. Public health nursing service may include:

1. Inservice education for staff.
2. Consultation in out-breaks.
3. School referral of families to the health department who have children who are frequently affected, who need specific instructions, or who are non-compliant.
4. Having additional school personnel trained in screening. This is a necessity to facilitate more rapid diagnosis of the problem and reentry of children back into the school setting.