

A Family Guide to Head Lice Management

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Head lice are a common problem in school age children. While frustrating to deal with, lice aren't dangerous. Your child is susceptible wherever children gather, not just at school. Head lice do not cause disease, but their presence is the cause of much emotion and unnecessary absence from school, which may negatively affect academic performance. Research indicates children rarely catch lice at school. The vast majority of cases of head lice are spread by direct head-to-head contact with friends and family members who play or live together.

What are lice? Lice are sesame seed sized wingless bugs (louse) that can live on a scalp for approximately a month. They cannot jump or fly. The females can lay 3-5 eggs per day that are glued to the hair near the scalp. These eggs cannot be washed off. The eggs and casings (or shells) of the eggs left behind after hatching are called nits. Head lice are only diagnosed when a living, moving louse is found on the scalp. If you have nits it doesn't always mean that you currently have live head lice.



What are the signs of lice? Lice feed on blood by biting the scalp. The saliva of the louse can cause the skin to be irritated after it has fed. This causes itching and sometimes red marks. Lice are most commonly found near the ears and the back of the head near the neck where the temperature is warmer and the blood supply is plentiful. Intense itching in these areas warrants inspection. Nits found near the scalp cannot be moved due to the glue holding them to the hair. Dry skin or particles of hairspray can look like a nit but can be removed easily.

What is the best treatment plan for lice? A treatment plan involves application of a medicated product to the hair, removal of nits, cleaning the environment, and careful monitoring. Some lice may be resistant to the medicines used to treat them, but often treatment failures are due to not following the treatment plan properly. All family members and close contacts should be screened at home. Treatment is recommended for those found to have lice and/or nits within 1 cm of the scalp. It is also recommended to treat family members who share a bed with a person found to have lice.

Head lice management changes as new information is made available regarding prevention, early detection, and treatment. Sheboygan Area School District follows the recommendations of the American Academy of Pediatrics, Centers for Disease Control and Prevention and the National Association of School Nurses. The following information was obtained from those sources to provide you with current evidenced-based practices in the management of head lice.

Resources: www.cdc.gov/parasites/lice/, <http://pediatrics.aappublications.org/content/pediatrics/135/5/e1355.full.pdf>,
https://www.nasn.org/portals/0/resources/HFLL_101_parents_2015.pdf

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Follow the Steps of a Lice Treatment Plan

Correct application of a proven product is the most important part of the treatment plan.

Pick a treatment product that contains permethrin (1%) or pyrethrins combined with piperonyl butoxide. Ask your pharmacist for assistance if you need help locating these over-the-counter treatment options. Several products that do not contain these active ingredients can be found on the store shelves claiming to kill lice. Unfortunately, they have not been proven effective and are not recommended. Calling your doctor's office is another option. Prescription products are available. Do not treat infants or pregnant/breastfeeding women found to have lice without speaking to a doctor first.

- ★ Work over a sink, not during a bath or shower. Before applying treatment, remove or cover clothing that can become wet or stained.
- ★ Read the instructions on the label or in the box. **Apply exactly as directed.**
- ★ Comb any remaining lice out of the hair using a nit comb, usually found in the product box. Be thorough, work with small segments of hair at a time.
- ★ Put on a clean change of clothing after treatment.
- ★ If, after 8–12 hours of treatment, no dead lice are found and lice seem as active as before, the medicine may not be working. Do not retreat until speaking with your healthcare provider.
- ★ Continue to monitor for lice. Use the nit comb every 1-3 days to comb out any remaining lice and nits to decrease the chance of self-reinfestation. Although students can return to school with nits, removal and repeated combing reduces the likelihood of self-reinfestation.
- ★ Retreat to kill any surviving hatched lice. For some products, this is recommended routinely 7–10 days after the first application.
- ★ Continue to comb and check the scalp for 2–3 weeks to be sure all lice and nits are gone.
- ★ Do not use conditioner before using lice medicine. Do not re-wash or use conditioner for 1-2 days after the lice medicine is removed. This may reduce the effectiveness of the medication.

Environmental cleaning can aid in getting rid of lice. Lice do not live for long away from the scalp. Sprays and fogs are not necessary. Cleaning items that have been in contact with an infested scalp within the past 48 hours can be helpful. Vacuum floors, furniture and automobile seats. Wash and dry linens and clothing on the hottest cycles. Items that cannot be washed (plush toys) can be sealed in a plastic bag for two weeks. Combs, brushes and hair ties can be soaked in hot water (130° F) for 10 minutes. Cleaning can aid in getting rid of lice however, the best use of time is in proper treatment and repeat inspection and combing to remove lice, nits, and damage remaining live eggs.

Please treat your child before returning to school.

We will re-check for lice when he/she returns to school.