

Pediculosis (Head Lice)

The North Canaan Board of Education (Board) is committed to maximizing students' academic performance and physical well-being in a healthy and safe environment. The Board recognizes that head lice infestations do not pose a health hazard, are not a sign of uncleanliness, and are not responsible for the spread of any disease. However, archaic policies cause many unnecessary absences from school with potential negative effects on academic performance. Misinformation about head lice causes anxiety for parents/guardians and school staff. The goals of providing a healthy and safe environment for students with head lice are to (1) maximize academic performance; and (2) minimize absences due to unnecessary exclusion from school of students with head lice.

Screening

Based on recommendations from the American Academy of Pediatrics and Centers for Disease Control and Prevention, the Board recognizes that school-wide screening for nits alone is not an accurate way of predicting which children will become infested with head lice, and screening for live lice has not been proven to have a significant decrease on the incidence of head lice in a school community.

The school nurse will periodically provide information to families of all children on the diagnosis, treatment, and prevention of head lice. Parents are encouraged to check their children's heads for lice if the child is symptomatic. The school nurse may check a student's head if the student is demonstrating symptoms.

Management on the Day of Diagnosis

The Board recognizes that head lice infestation poses little risk to others and does not result in additional health problems. The management of pediculosis should proceed so as to not disrupt the education process. Nonetheless, any staff member who suspects a student has head lice will report this to the school nurse or Principal. Students known to have head lice will remain in the class provided the student is comfortable. If a student is not comfortable, he/she may report to the school nurse or the Principal's office. Such students will be discouraged from close direct head contact with others and from sharing personal items with other students. District employees will act to ensure that student confidentiality is maintained in order to avoid embarrassment.

The Principal or school nurse will notify the parent/guardian by telephone or other available means if their child is found to have head lice. Verbal and written instructions for treatment will be given to the family of each identified student. Based upon the school nurse's recommendation, other children who were most likely to have had direct head-to-head contact with the assessed child may be screened for head lice.

Criteria for Return to School

Students will be allowed to return to school after proper treatment as recommended by the school nurse. The Board recognizes that The American Academy of Pediatrics and the National Association of School Nurses discourage "no nit" policies. Therefore, no student will be excluded

from attendance solely based on grounds that nits may be present. The school nurse may recheck a child's head. In addition, the school nurse is encouraged to offer extra help or information to families of children who are repeatedly or chronically infested.

Legal Reference: American Academy of Pediatrics,
Clinical Report on Head Lice Infestation, September 2002,
Revised February 2007.

Policy adopted: March 12, 2024

NORTH CANAAN BOARD OF EDUCATION
North Canaan, Connecticut

Connecticut Department of Public Health: Head Lice – Fact Sheet

1. What are head lice?

Head lice are blood sucking parasites. They are approximately the size of a sesame seed, 1-2 mm. They do not have wings and, therefore, cannot fly. They also do not jump. They do, however, move quickly. The eggs of the louse, which are called “nits”, are teardrop shaped and approximately half the size of the adult louse. The nits are attached to the hair shaft with a waterproof, cement-like substance from the adult female. Thus, nits cannot be simply washed or brushed out of the hair.

2. Who can get head lice?

Anyone who comes in contact with louse infested items can get head lice. Some people think lice become established on persons who are unclean. This is not true. Frequent bathing will neither prevent head lice nor eliminate an infestation once it has become established.

3. How are head lice spread?

Head lice are usually transmitted through close personal contact with another infested individual or through use of common combs, brushes, and other grooming aids; through sharing hats, caps, and coats; or through co-mingling of these items at the homes of friends, at school, at church, or other public places.

4. What are the symptoms of head lice?

The major symptom of head lice is itching, which is due to the presence of salivary fluid produced by the insect as it feeds.

5. How do you eliminate head lice?

Treatment is directed at the infested individual and his personal articles (e.g., caps, combs, brushes, towels, and bedding). Fumigation or use of insecticides in the home, school, or school buses is not recommended.

1. Individual Treatment

Individual treatment usually requires using an over-the-counter (OTC) or prescription medication and a nit (head lice egg) comb.

Warning: *Do not use a creme rinse or combination shampoo/conditioner before using lice medicine. Do not re-wash hair for 1-2 days after treatment.*

Follow these treatment steps:

- *Before application of the OTC or prescription treatment, remove all clothing from the waist up.*
- *Apply the lice medicine according to label instructions. If your child has hair longer than shoulder length, you may need to use two bottles. It is important to pay special attention to instructions on the bottle regarding how long the medication should be left on and whether rinsing the hair is recommended after treatment.*
- *After treatment, have the infested person put on clean clothing.*
- *Nit combs, often found in lice medicine packages, should be used to comb nits and lice from the hair shaft. Many flea combs made for cats and dogs are also effective.*
- *After treatment, check the hair every 2-3 days, and comb with a nit comb to remove nits and lice as necessary. Continue to check for 2-3 weeks until you are sure all lice and nits are gone.*
- *If an OTC medicine was used, retreat in 7-10 days. If the prescription drug malathion was used, retreat in 7-10 days ONLY if crawling bugs are found.*

2. Decontamination of Personal Articles and Environment

Treat the household: *If head lice fall off of a person and cannot feed, they will not survive very long. It is not necessary to spend a lot of time or money on house cleaning activities. You can help avoid re-infestation by lice that may have recently fallen off the hair or crawled onto clothing or furniture by following these steps.*

1. *To kill lice and nits, all washable clothing and bed linens that the infested person wore or used during the 2 days before treatment should be machine washed in hot water (130°F). After the hot wash, the laundry should be dried at high heat for at least 20 minutes.*
2. *For clothing that is not washable, have it dry cleaned. (e.g., coats, hats, scarves).*
3. *All clothing, stuffed animals, comforters, etc. that cannot be washed or dry cleaned can be stored for 2 weeks in a plastic bag that is sealed with tape.*
4. *Combs and brushes can be soaked for 1 hour in rubbing alcohol, Lysol*, or wash with soap and hot (130°F) water.*
5. *Vacuum the floor and furniture. There is a small risk of getting re-infested from a louse that has fallen onto the carpet or onto a sofa. Vacuum the places where the infested person usually sits or lays, spending a lot of time on this is not necessary. Do not use fumigant sprays; they can be toxic if inhaled or absorbed through the skin.*

** Lysol is a registered trademark. The mention of this product does not constitute an endorsement by the Connecticut Department of Public Health.*

3. Prevent Re-infestation

The most common way to spread lice is through direct head-to-head contact. It is less likely for lice to spread by crawling onto clothing or belongings. To control head lice outbreaks in a community, school or camp setting, children can be taught to avoid activities that are likely to spread lice.

- 1. Avoid head-to-head contact during play at school and at home (on a playground, sleep over party, camp, sports outing).*
- 2. Do not share any items that may have had contact with someone else's head (e.g., hats, scarves, hair ribbons, coats, sports uniforms).*
- 3. Do not share combs, brushes, or towels.*
- 4. If you are aware that someone has a lice infestation, do not lie on the beds, couches, pillows, carpets, or stuffed animals that the infested person may have had contact with.*

This fact sheet is for informational purposes only. It should not be used for self-diagnosis or as a substitute for consultation with a health care provider. If you think that you may have this infection, or have questions about the disease described above, you should consult your health care provider.

For additional information on this disease, visit the [Centers or Disease Control and Prevention](#) website.

Pediculosis Guidelines

Identification

AR 5141.211(a)

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

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

Procedures Regarding Individual Students

1. If live lice or nits appearing in close proximity to scalp (1/4 inch or less) are observed the student is to be considered to have pediculosis. In this situation the school nurse is to notify the parent/guardian by the end of the school day and instruct them on treatment procedures and precautions to prevent spreading. Head checks for the presence of lice will be conducted outside the classroom to maintain student privacy and minimize disruption of the educational process. The student will return to class. The nurse will notify the classroom teacher and advise as to proper precautions to prevent further spread of the infestation. The student is not to use any shared headphones, helmets, hats or clothing.
2. The nurse or school aide will do head checks on any students who are siblings of the infested student. Examination consists of sectioning and parting of hair using wooden applicator sticks. If a case of head lice is confirmed, the school nurse may conduct a classroom check or will check individual students as deemed necessary. If the student has siblings in other schools, the nurse will notify the school nurse of that school so that the sibling(s) may be screened.
3. Identified students may return to school immediately following treatment which includes the application of head louse shampoo. It is the parent's/guardian's responsibility to treat the infested student at home.
4. Identified students are to be rescreened seven to ten days after readmittance to school.
5. If there are nits which are not close to the scalp in a student's hair and there is a question as to whether there is a currently active infestation, implementation of the above-stated procedure will be strongly recommended to the parents. This is to be done in the best interest of the student and the school community.
6. To ensure confidentiality, the names of the students who have pediculosis will not be shared with other parents/guardians and will be shared with only those staff members who the Principal (or school nurse) deems to have a reason to know. No parents/guardians other than those of a student in question will be present when a student is being individually rechecked by the nurse or health aide.
7. If a student's pediculosis problem does not appear to be eliminated by the standard medical treatment, the school medical advisor will collaborate with the school Principal and school nurse to determine further treatment recommendations. The school nurse may, at his/her discretion exclude a student with repeated infestation of live lice or viable nits.

Procedures Regarding the School Community

1. If a count of active pediculosis cases exceeds ten percent of the school enrollment during a ten (10) calendar day period of time, the nurse or school health aide is to check the entire school. This decision is to be made by the school nurse and the school Principal with the recommendation of the School Medical Advisor.
2. If a student has been declared an inactive case and becomes infected at another point in time, he or she will be reclassified as an unduplicated active case when the new ten percent count is being calculated.
3. The school Principal and nurse are to assess the extent of the problem and form a plan of action regarding notification of parents of non-afflicted students. If the nurse and the school Principal decide to inform parents of non-involved students a letter similar to the attached example 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 or there is a second school wide screening, a mailer can be done which includes more specific information (Prevention and Control of Pediculosis 5141.221 Form #2)

Pediculosis (Head Lice) Prevention Plan

1. Educate staff, parents/guardians and students on ways to prevent head lice.
2. Avoid stacking/piling or hanging coats on top of each other.
3. Encourage students to keep hats and scarves in their coat sleeves.
4. Remind students not to share combs, brushes, scrunchies, barrettes, hats and scarfs
5. Avoid sharing earphones and helmets.
6. Watch for signs such as frequent head scratching.
7. Encourage families to inform any of their children's contacts regarding exposure such as friends, overnight guests, relatives, and sports teams (especially those teams that share hats or helmets).
8. Families who require repeated treatment should consult with their family physician.

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-aged children. While inconvenient, head lice causes no medical harm and can be effectively treated. Head lice are not a health hazard or a sign of poor hygiene. In contrast, to body lice, head lice are not responsible for the spread of any disease. Therefore, 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's Signature

_____ PUBLIC SCHOOLS

_____, Connecticut

Dear Parents:

Our school has had several cases of Pediculosis, or head lice. Those affected have been sent home for treatment. Pediculosis is often a fact of life for school-aged children. While inconvenient, head lice causes no medical harm and can be effectively treated. Head lice are not a health hazard or a sign of poor hygiene. In contrast, to body lice, head lice are not responsible for the spread of any disease. Therefore, no healthy child should be excluded from or miss school because of head lice.

Head lice is easily communicated from one person to another. Personal items like combs, brushes, towels and bedding are frequent sources of infestation. Clothing such as hats, ribbons, scarves, jackets and sweaters provide excellent transportation from one individual to another. They can also be picked up in movie theaters, on public transportation, and in close contact in sports and games. The appearance of this condition is not an indication of poor hygiene or inadequate cleanliness.

Please examine your children's hair thoroughly. They are being checked out at school, but checking at home is also essential. Tiny, pin-point size eggs, gray/white or light tan in color, attached firmly near the root of the hair are a sign of head lice. They are not easily detached from the hair shaft, in contrast to dandruff that brushes off easily. Scalp itching is a frequent symptom often accompanied by infected scratch marks or what appears to be a rash on the neck. Please instruct your child to refrain from sharing combs, brushes, and clothing in an effort to prevent transmission of this condition.

When immediate and thorough treatment is given, head lice can be eliminated quickly and easily. If you find anything in your child's hair that looks suspicious to you, please call your physician and school nurse. Although there are over-the-counter shampoos, we would advise you to contact your physician for the specific shampoo or treatment that will be effective in controlling lice.

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. Thank you for your cooperation and if you have any questions or concerns, please contact the school nurse _____ at the _____ school.

Sincerely,

Principal/Nurse

PREVENTION AND CONTROL OF PEDICULOSIS

(To be distributed for second schoolwide screening)

How You Get It

Head lice are usually transmitted through close personal head-to-head contact with another infested 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 a 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 infested 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 with 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 infested 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 infested 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 provided with the medication for the initial treatment.

2. Disinfection of Personal Articles and Environment

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.

Superintendent/Principal

Date