

SCHOOL HEALTH SERVICES

School District of New London

Dear Parents/Guardians:

Now that we are into the winter season with coats, hats, and scarves being worn to school, we would like to provide a reminder on what head lice are and how they are spread. Hopefully, this information will relieve your fears regarding lice infestation and provide information necessary for early detection. **This notification provides updated information based on the latest recommendations so please read carefully.**

How You Get Head Lice:

- Head lice are usually **transmitted through close personal contact with other infested individuals or through use of shared combs, brushes, and other grooming aids; through sharing hats, caps, wigs, coats, scarves; or through co-mingling of these items at the home of friends, at school, at church, or other places.**
- Head lice are **most common among preschool and elementary school-aged children** and their household members and caretakers. **An estimated 6-12 million infestations occur each year in the United States among children aged 3-11 years old.**
- They **do not carry disease**, but can cause your child and family discomfort, stress, and sometimes skin irritation.
- 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.
- **Head lice are mainly spread by direct contact with the hair of a person with head lice. The most common way to get head lice is by head-to-head contact with a person who already has head lice.**
- Head lice are not known to transmit disease: however, an infection of the skin resulting from scratching can occur with any head lice infestation.
- **Dogs, cats, and other pets do not play a role in the spread of head lice.**

What to Look For:

- Head lice are elongated insects about the size of a sesame seed (can be larger in some cases) and are tan to grayish-white with dark margins. **Lice do not have wings and therefore, cannot fly.**
- They **move by crawling; they do not jump, hop, or fly**, but do move very quickly; this makes them difficult to find in a child's hair.
- **Itching is the one of the first signs of head lice**, unless your child has a very light case. Check your **child's head and scalp all over and especially behind the ears and near the neckline at the back** of the neck when scratching begins.
- Your child may also have a **tickling feeling of something moving in the hair, irritability and difficulty sleeping as head lice are most active in the dark, and sores on the head are caused by scratching.**
- The diagnosis of head lice is frequently made on the basis of finding nits. A nit is a louse egg, which is teardrop in size and may vary in color from yellowish-brown to white.
- Head lice attach each nit to a hair shaft with a waterproof, cement-like substance. **Nits cannot be washed out or brushed out of the hair like dandruff or other debris that may look like a nit.** A cluster of nits may be found in any section of hair, but in mild infestations, **a careful examination of the entire scalp may be necessary to detect them.**

Treatment: Treatment is directed at the infested individual and his/her personal articles, e.g., caps, combs, brushes, towels, and bedding.

A. **Individual Treatment:**

- Remove all of your child's clothing that may become wet or stained and place him or her in a bath or shower stall and the clothing in a plastic bag.

- **WARNING: Do not use a combination shampoo/conditioner or conditioner before using lice medicine. DO NOT re-wash the hair for 1-2 days after the lice medicine is rinsed out.**

Apply head louse treatment **according to your physician's instructions or label instructions** provided by the drug manufacturer. There are medicated liquids (pediculicides) available by prescription only; **RID***, **NIX*** and others may be purchased without prescription from the drug store. ***Use of trade names is for identification only and does not constitute endorsement. (PARENTS NEED TO FOLLOW PACKAGE INSTRUCTIONS TO THE LETTER.)**

- Have your child put clean clothing on after treatment.

- **If a few live lice are still found 8-12 hours after treatment, but are moving more slowly than before, do not re-treat.** The medicine may take longer to kill all the lice. **With small sections of hair at a time, comb dead and any remaining live lice out of the hair using a fine-toothed nit comb (may come with the louse treatment) - this is a very important step in ridding the hair of live lice and any nits.**

- **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 RE-TREAT until speaking with your healthcare provider; a different lice medicine (pediculicide) may be necessary.**

- **Repeat treatment in 7 – 10 days (this is a very important step in preventing re-infestation).** While the pediculicides mentioned above rapidly kill crawling lice, they may not kill all the nits. Therefore, the treatment should be repeated in 7 – 10 days to kill newly hatched lice. The 7 – 10 day interval corresponds to the incubation period of a louse's egg.

- **All family members and close friends of your child should be examined.** Family members who have evidence of infestation (crawling forms or nits) should be treated. Siblings or a parent who share a bed with a known infested child should be treated, whether or not there is evidence of infestation at the time of the examination.

- **After each treatment, check the hair and comb hair with a nit comb to remove nits and lice every 2-3 days for 2-3 weeks to reduce chances of reinfestation.**

- **EVERY NIT must be removed to prevent re-infestation.**

- **Contact your physician before using pediculicide on anyone who: has extensive cuts or scratches on the head/neck, is pregnant or breastfeeding, is a child less than 2 years old, and is sensitive to ragweed.**

B. **Decontamination of Personal Articles and Environment:** Since heat is lethal to lice and their eggs, many personal articles can be disinfected by machine washing in **HOT (not warm)** water and/or drying using the hot cycle of the dryer. **Eggs are killed in 5 minutes at (130° F)**, and crawling forms succumb to slightly lower temperatures. Home hot water heaters keep water at about 140° F when the heat selector is set on medium or high. However, some water heaters are not able to sustain the 140° F water temperature, when several loads of laundry are processed one after another, or when other demands for hot water (bathing) are made simultaneously. To maintain the water at 140° F 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 disinfestations, dry articles for at least **60 minutes** at the **high heat** setting. Some non-washable articles may be disinfected in the dryer provided that the heat will not harm them.

- **Machine-wash all washable clothing (hats, scarves, pillow cases, clothing, and towels) and bed linens that have been in contact with your child within the previous 3 days.**

- Personal articles of clothing, bedding or inanimate objects, (i.e. stuffed animals) that cannot be washed and dried in the dryer may be **dry cleaned or simply left in a plastic bag and sealed for a period of 20 days. (Make sure bags are out of children's reach to prevent suffocation).**

- Combs, brushes and similar items can be disinfected by soaking them in one of the **pediculicide liquids for 1 hour or by soaking them in a pan of water heated on the stove to greater than 130 degrees F for 5 – 10 minutes (caution: heat may damage some combs and brushes).**

- **All furniture, carpeting and vehicle upholstery should be vacuumed initially, and in 7 – 10 days.**

- Lice control sprays are **NOT** recommended if cleaning measures are followed. They can be toxic if inhaled or absorbed through the skin.

Notification of Other Parents/Day Care Providers:

- At your discretion, parents/guardians of your child's closest friend (s) should be notified that their child may also be infested if the children have slept together or participated in activities involving close, prolonged head-to-head contact.

Returning to School:

- Your child may **return to school once appropriate treatment has been completed (this includes using head louse treatment and a fine-toothed nit comb on hair).**
- **He/she will need to stop in the school office to be checked prior to classroom re-entry.**

Prevention:

- **Avoid sharing** brushes, combs, hats, hair accessories/barrettes, towels, and clothing that may come in contact with hair. Check family members' hair on a routine basis for signs of head lice.
- **Avoid head-to-head (hair-to-hair) contact** during play and other activities at home, school, and elsewhere (sports activities, playgrounds, slumber parties, and camps).
- **Do not lie** on beds, couches, pillows, carpets, or stuffed animals that have recently been in contact with a person infested with head lice.
- **Machine wash and dry clothing**, bed linens, and other items that a person infested with head lice wore or used during the 2 days before treatment using the hot water (**130 degree F**) laundry cycle and **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.
- **Vacuum** the floor and furniture, particularly where the person infested with head lice sat or lay.
- **Do not use fumigant sprays or fogs;** they are not necessary to control head lice and can be toxic if inhaled or absorbed through the skin.

If you have any questions about lice, please call your area/local Health department (Waupaca County Health Department/Outagamie County Health Department), or your family health care provider.

Feel free to contact the New London School District Nurse at your child's school.

Website information: <https://www.cdc.gov/parasites/lice/head/schools.html>
Headlice.org
The National Pediculosis Association

Sincerely,

Jenny Penn, MSN, RN
School District Nurse