

St. Joseph School Head Lice Information

Finding a live louse on your child's head can make any parent frantic. They are our children and we don't want them to have "bugs" on their heads or in our homes. But my hope is that providing information will help ease some of the stress caused by these nuisances.

The adult head louse is 2 to 3 mm long (the size of a sesame seed), has 6 legs, and is usually tan to grayish-white in color. The female lives up to 3 to 4 weeks and once mature, can lay up to 10 eggs per day. These tiny eggs are firmly attached to the base of the hair shaft within approximately 4 mm of the scalp with a glue-like substance produced by the louse. Viable eggs camouflaged with pigment to match the hair color of the infected person often are seen at the posterior hairline. Empty egg casings (nits) are easier to see because they appear white against the darker hair. The eggs are incubated by body heat and typically hatch in 8 to 9 days. Once it hatches, it takes 9 to 12 days to reach adulthood. The female louse can mate and begin to lay viable eggs approximately 1.5 days after becoming an adult. If not treated, this cycle may repeat itself approximately every 3 weeks. The louse feeds from the scalp every few hours. Itching results from sensitization to the louse. With a first case of head lice, itching may not develop for 4 to 6 weeks, because it takes that amount of time for sensitivity to result. Head lice usually survive for less than 1 day away from the scalp at room temperature, and their eggs cannot hatch at an ambient temperature lower than that near the scalp.¹

Here are some images that may help you identify head lice on your child:



Lice cannot hop or fly; they crawl. Transmission in most cases occurs by direct contact with the head of an infested individual.² Indirect spread through contact with personal belongings of an infested individual (combs, brushes, hats) is much less likely but may occur rarely.³ Lice found on combs are likely to be injured or dead,⁴ and a healthy louse is not likely to leave a healthy head unless there is heavy infestation.⁵ Thus, the major focus of control activities should be to reduce the number of lice on the head and to lessen the risks of head to head contact.

So, what do you do if your child has head lice?

- Don't panic & don't be embarrassed – it can easily happen in ANY family!

- Treat with an over-the counter product (Permetherin (Nix) has been the most studied pediculocide in the United States and is the least toxic to humans)⁶, manually remove nits. Lice combs are available at the local pharmacies along with pediculocides.
- Wash and dry all recently worn clothing, bedding, hats, and towels.
- Vacuum car seats, couches, and carpet that your child has been on in the last 2 days .
- Wash all personal care items such as combs, brushes, hair clips in hot water.
- Place stuffed animals and toys that can't be washed in plastic bags for 2 weeks.
- Notify the parents of your affected child's friends, so they too are on the lookout – this is the best way to stop the spread of this nuisance!
- To minimize your child's chances of getting head lice, discourage your children from sharing personal items such as hats, scarves, headbands, helmets, brushes, combs, or pillows. Pull back long hair to minimize transfer from one child's head to another.

Please see the following website for step-by-step instructions on how to check your child's hair for lice. http://www.ehow.com/how_2345_check-childs-hair.html

So what happens at St. Joes when a case of head lice is reported or discovered?

It is the position of the National Association of School Nurses that the management of head lice should not disrupt the educational process. No disease is associated with head lice, and in-school transmission is considered to be rare.⁷ When transmission occurs, it is generally found among younger-age children with increased head- to- head contact.⁸

Because a child with an active head lice infestation likely has had the infestation for 1 month or more by the time it is discovered and poses little risk to others from the infestation, he or she should remain in class but be discouraged from close direct contact with others. If a child is diagnosed with head lice confidentiality must be maintained.⁹ The child's parent will be notified and treatment will be encouraged at the end of the school day. The child will remain in school unless the parent chooses to come during the school day. If a child has a severe case of lice, and the child is in preschool-2nd grade all children in their classroom will be screened for the presence of lice and a note will be sent home with each child in the classroom. Head lice screening programs have not had a significant effect on the incidence of head lice in the school setting over time and have not proven to be cost effective.¹⁰ Because children in pre-school-2nd grade are more likely than older children to have close head to head contact these are the only grades that will be screened and only if there is a severely infected child or there is more than 1 student infected in the classroom. Of course if a parent would like me to check a child for the presence of lice in any grade, I would be happy to do so.

It has been my experience at St. Joes that many parents would prefer an outside agency to take care of their child's lice infestation. These services are generally expensive. Remember that

lice cannot live off a human host for more than 24 hours. So, once treated with an over-the-counter product and re-treated per directions, head lice can be fairly easily eradicated. Here are a few places you can contact if this is your preference. Please visit these websites for information on local lice removal services: www.thenitpickers.com/ www.licedetectives.com/ www.nitwitz.com/ Remember that your pediatrician is also an excellent resource.

Please see the following websites for more detailed information on head lice. All of the references in this information sheet were taken from these resources.

<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;126/2/392.pdf>

<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/smId/824/ArticleID/40/Default.aspx>

http://www.ehow.com/how_2345_check-childs-hair.html

<http://www.cdc.gov/lice/head/index.html>

http://www.nasn.org/portals/0/resources/scratch_fact_parent_2010.pdf

As always please feel free to contact me with any questions or concerns. In the best interest of our children!

Kathy Lehman RN