

PAC Head Lice Policy – Please check with your class chair for current procedures

What are lice?

Head lice are a small parasitic insect that infests the hairy parts of the body (generally the scalp and neck) and may infest clothing.

Eggs hatch 7 to 10 days after infestation and multiply 8 to 10 days after hatching. Signs and symptoms are itching, scratching and soreness of the scalp. Upon close inspection, silvery eggs (aka “nits”) attached to hair near the scalp may be seen.

If a Child is Infected with Lice:

School Procedures in Case of a Lice Infection:

1. The child’s parent should inform the Health and Safety (H&S) parent and Teacher of an infection. The H&S parent will inform the Class Chair and the All-School Health and Safety/Facilities Representative. The All-School Health & Safety/Facilities Representative will inform the other Teachers, All-School Chair, All-School Communications Representative and other Class Chairs. The All-School Health and Safety/Facilities Representative will ask Class Chairs to notify their classes and share information about checking for lice and the classroom cleaning procedures before the next school session. If needed, the All-School Communications Representative will distribute this information to the entire school community. NOTE: the identity of the reporting family should not be disclosed.
2. Class Chair of the affected group will arrange for the immediate cleaning of the classroom.
3. Siblings and family members of infected child should be examined for lice and treated if necessary.
4. All parents of school children should be notified to examine their child for signs of lice and treat accordingly.
5. The affected child may return to school once treatment has started and no live lice are seen on the scalp. Both the American Association of Pediatrics and the National Association of School Nurses advocate that "no-nit" policies should be discontinued. "No-nit" policies that require a child to be free of nits before they can return to schools should be discontinued for the following reasons:
 - a. Many nits are more than $\frac{1}{4}$ inch from the scalp. Such nits are usually not viable and very unlikely to hatch to become crawling lice, or may in fact be empty shells, also known as casings.
 - b. Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people.

c. The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice.

d. Misdiagnosis of nits is very common during nit checks conducted by nonmedical personnel.

Parent responsibility: When a case of head lice is discovered on a child/parent, contact your physician and treat as directed. The child should not return to school until treatment has started. The parent must keep the child from school while live lice are present on the child's scalp. Report the case of head lice to the Teacher immediately. You are asked to report the lice so the classroom can be cleaned, thus preventing the spread of lice to other co-op members. Contact the H&S parent, Teacher or Parent Educator if you have further questions.

In Summary:

School will not close because of a case of reported head lice

School will be cleaned the same day head lice are reported/discovered

The clean up will be organized by the Class Chair of the affected group

All parents will be informed to check their child/self frequently

Information about head lice from the Mayo Clinic:

Head lice are a very common problem, second only to the common cold among communicable diseases affecting school children. Head lice are tiny, wingless, parasitic insects that live and feed on blood from your scalp.

Getting head lice isn't a sign of bad personal hygiene or an unclean living environment. This itchy infestation, also called pediculosis capitis, most commonly spreads through close personal contact and by sharing personal belongings.

Both over-the-counter and prescription medications are available to treat head lice. Following the directions properly and taking necessary steps at home are important to prevent head lice from recurring.

Common signs and symptoms of head lice may include:

Intense itching. An allergic reaction to the saliva that lice inject during feeding may

result in itchy red bumps on your scalp, neck and shoulders. Some people, particularly if this is their first infestation, don't experience itching.

Adult lice on scalp. The most common spots to find adult lice are behind your ears and along the back of your neck. Lice are tiny, about the size of a strawberry seed, but they can be up to 1/8 inch (3 millimeters) in size.

Lice eggs (nits) on hair shafts. Nits resemble tiny pussy willow buds. Nits can be mistaken for dandruff, but unlike dandruff, they can't be easily brushed out of hair.

When to see a doctor: Usually you can get rid of lice by using nonprescription shampoo that's specifically formulated to kill lice. However, if nonprescription shampoo doesn't kill the lice, your doctor can prescribe a stronger, prescription shampoo.

Causes:

Head lice can't fly or jump, and they're not transmitted by pets. They spread by head-to-head contact or via contact with contaminated personal belongings or home furnishings.

Head-to-head contact: This is the most common mode of transmission and may occur as children or family members play or interact closely together.

Sharing personal items: Less commonly, head lice may be transmitted via such items as:

Caps, hats and scarves

Brushes and combs

Hair decorations, such as barrettes

Headphones

Home furnishings: Head lice may sometimes be contracted by contact with contaminated:

Towels

Clothing

Blankets

Pillows

Upholstered furniture

The greatest risk factor for getting head lice is coming into contact with someone who already has lice. Cleanliness and personal hygiene have little bearing on whether you get lice. Young children, preschool through elementary age, are most prone to infestation,

which often transfers to a child's family members. Females of all ages get head lice more often than males do.

Lice may cause you to scratch your head so vigorously that you break the skin. See your doctor if these scratches become infected.

Lice cement their eggs very firmly onto the base of hair shafts, very close to the scalp. According to experts with the Centers for Disease Control and Prevention, nits found more than a quarter inch (6.5 millimeters) away from the scalp have either already hatched or aren't going to hatch. So simply finding nits isn't proof of an active infestation. The clearest sign is finding a living, moving louse. Combing wet hair with a fine-toothed comb is the best way to find this evidence.

Over-the-counter products: Shampoos containing either pyrethrin (Rid, others) or permethrin (Nix) are usually the first option used to combat lice infestations. These work best if you follow the directions very closely.

In some geographical locations, lice have grown resistant to the ingredients in over-the-counter lice treatments. If over-the-counter preparations don't work, your doctor can prescribe shampoos or lotions that contain different ingredients.

Prescription medications:

Malathion (Ovide). You apply malathion to your hair, and then rub it into your hair and scalp. This medication is flammable, so keep it away from heat sources, such as hair dryers, electric curlers and cigarettes. If you're pregnant or breast-feeding, talk to your doctor before using this product, because the medicine could affect your baby.

Lindane. This prescription medication is available as a cream, lotion or shampoo. Your doctor may not recommend using lindane if you weigh less than 110 pounds (49.9 kilograms), you're pregnant, breast-feeding, have seizures or HIV infections. Side effects may include skin irritation and seizures.

Benzyl alcohol lotion. This newly approved treatment should not be used in children younger than 6 months. Side effects may include irritations of the skin, scalp and eyes. According to the Food and Drug Administration, serious side effects — such as seizures, coma or death — may occur if this product is used on premature infants.

Combing wet hair: If you don't want to employ insecticides, a fine-toothed or nit comb can physically remove the lice from wet hair. Repeat every three to four days for at least two weeks. This method is recommended as the first-line treatment for children under age 2.

Lice can live for about two days without a meal, and nits will die within a week if they're not kept at the same temperature as that found near the human scalp. That's why it's so uncommon for people to be infected with lice by any method other than head-to-head contact. All close contacts need to be examined. Despite this low risk, you may want to:

Wash items in hot water. Wash bedding, stuffed animals, clothing and hats with hot, soapy water — at least 130 F (54.4 C) — and dry them at high heat for at least 20 minutes. Soak brushes and combs in very hot water for five to 10 minutes.

Seal items in plastic bags. Place bedding, clothing and unwashable items in an airtight bag for three to four days. This will kill live lice, and newly hatched lice will die because they have no nutrition in those critical first days of life.

Vacuum. Give the floor and furniture a good vacuuming.

Prevention: It's difficult to prevent the spread of head lice among children in childcare and in school settings. There's so much close contact among children and their belongings that lice can spread easily. It's no reflection on your hygiene habits or those of your children, and it's not a failure on your part as a parent if your child gets head lice. You can ask your child not to share hats, scarves, coats, combs, brushes, hair decorations and other personal belongings at school. But it's not realistic to expect that you and your child can eliminate all the types of contact that may result in the spread of lice.

The best approach to head lice prevention is simply to take thorough steps to get rid of the lice — and their eggs — so that you don't have more lice to deal with.

Many thanks to the Wallingford Co-op for providing information from their school's Head Lice Policy. Additional information was obtained from the AAP, CDC and Mayo Clinic websites.