

# Head Lice

It is the position of Polo Community Unit School District 222 that the Management of Head Lice in the school setting be based on scientific and medical evidence that supports the education process.

## **Biology of Head Lice:**

Head lice are small, parasitic insects that live on the scalp and neck hairs of their human host. Head lice are not a health hazard or a sign of poor hygiene and, in contrast to body lice, are not responsible for the spread of any disease. The adult louse is 2-3 millimeters in length (about the size of a sesame seed), has six legs and is tan to gray in color. The life-cycle of a louse is 3-4 weeks, during which time the adult female louse may lay up to 10 eggs per day. The eggs, or nits, are tiny and oval shaped and appear whitish or translucent in color. Nits attach securely to the hair shaft and are difficult to remove. After 10-14 days the eggs hatch and produce a nymph which is very difficult to see without magnification. Maturation takes about 10-12 days before the nymph becomes an adult louse.

## **What if my child is suspected of head lice or has head lice?**

If suspected, the School Nurse will perform the head check. If live lice are found, the parent/guardian will be notified and encouraged to begin treatment as soon as possible. Education and information will be provided for the treatment and prevention of the spread of head lice to parent/guardian. The nurse will follow-up with the student and the parent/guardian the next day.

## **Symptoms of Head Lice:**

- Itching or scratching caused by sensitivity to the bites
- Tickling sensation of something moving in the hair
- Sores on the scalp caused by scratching
- Head lice are most active in the dark

## **Transmission of Head Lice:**

Transmission of head lice occurs primarily by direct head- to- head contact. Occasionally head lice can be transferred by shared combs, brushes, hats, scarves or other hair accessories. Head lice cannot hop or fly (they do not have wings), but do move quickly making it difficult to find in a child's hair. A louse that has fallen from a human host onto another surface is not likely to infest a new host, but may remain viable and hidden on bedding, clothing, carpet or upholstered furniture for a brief time. According to the Centers for Disease Control, head lice cannot survive much longer than 24 hours without a host.

## **Preventative Measures:**

Students, parents and staff should be educated on the following preventative measures in order to reduce the transmission of head lice:

- Discourage the sharing of personal items such as combs, brushes, hats, scarves and other hair accessories
- Discourage head-to-head contact among children
- Educate parents on the signs and symptoms of head lice and on treatment options
- Encourage regular head checks by parents, especially following close contact activities such as sleepovers and camps

## **Treatment Options:**

There are many ways to treat active infestations, but not all products and techniques have been evaluated for safety and effectiveness. One percent permethrin lotion is recommended as initial treatment for most head lice infestations with a second application 7-10 days after the first. Parents and caregivers should make sure that any treatment chosen is safe; preferred treatments would be those which are easy to use, reasonably priced, and proven to be non-toxic. All products must be used exactly according to the manufacturer's instructions. Your physician or pharmacist can help with treatment choices and management of difficult cases.

## **Roles and Responsibilities:**

In accordance with the Centers of Disease Control, the American Academy of Pediatrics, the National Association of School Nurses and the Harvard School of Public Health regarding best practices for head lice infestations, Polo CUSD 222 will follow these guidelines.

## **Parent Responsibility:**

The prevention and control of head lice begins at home. Parents are ultimately responsible for their children by assisting in the prevention of head lice through:

- Understand the signs and symptoms of a head lice infestation
- Regularly check their child's hair and scalp especially after close-contact activities
- Remind their child not to share personal items
- Thoroughly clean hats, combs, brushes and bed linens on a regular basis
- Begin treatment recommendations when head lice is detected
- Carefully follow treatment instructions
- Screen and treat family members
- Review Lice information from the Center for Disease Control (CDC) at <https://www.cdc.gov/lice/index.html>

**Teacher Responsibilities:**

Teachers and staff are often the first to identify symptoms of head lice in the classroom and therefore need to understand the prevention, transmission and treatment of head lice. Teachers and staff can help prevent the transmission by following these Guidelines:

- When possible hang coats, hats and scarves where they do not touch
- Discourage the sharing of personal items
- Discourage activities where heads are in close contact
- Sends any student reasonably suspected of having head lice to the health office

**School Responsibilities:**

- Provide evidence based educational information (as requested)
- Symptomatic students will be checked for head lice
- Parents of a student with head lice are notified and treatment is recommended as soon as possible
- Students with an active infestation may be released from school for treatment
- Siblings and close contacts may be examined in the health office
- Parents will be instructed to contact their physician or pharmacy for treatment options
- Students are encouraged to return to school following treatment
- Confidentiality of the student/family identified with head lice will be upheld at all times
- The school nurse will monitor and evaluate chronic cases of head lice or the eruption of multiple cases within one classroom and may institute further measures to prevent transmission.