

**HEAD LICE**

To prevent the spread of head lice infestations, school employees shall report all suspected cases of head lice to the appropriate staff designee. The nurse or staff designee shall examine the student and any siblings of affected students, members of the same household, and any additional students with which the affected student has come in very close contact. For students who have not been treated, if any live lice or nits (eggs) are found in the hair or on the scalp, the student shall be sent home by the end of the day from school and parents/guardians informed about recommended treatment procedures and sources of further information. These sources may include: "Recommendations for Treatment and Control," (Exhibit 1)

The Superintendent or staff designee shall send home notification or make contact by telephone to notify the parents/guardians of the student's exclusion until treatment is completed. (Education Code 48213 - informs parents of the reason for student's exclusion.)

Items at the school site, such as clothing, furniture, or carpeting, that may have been in contact with the head of the infected student, should be considered for treatment. Furniture and carpets need to be vacuumed and items that cannot be washed can be bagged in plastic for two weeks.

If there is one or more students affected in any class, the staff designee shall send an exposure notice, along with information about head lice, to all parents/guardians of all students in that class preschool or elementary, or at the appropriate grade level for middle school students. Staff may consider sub-groups of students who may have been exposed at other school-sponsored events (e.g. before/after school SMARTE programs, school sports, theatre, etc.) (Exhibit 2)

Students identified as having live lice or nits may return to school when:

1. They bring the completed and signed RECOMMENDATIONS FOR TREATMENT AND CONTROL OF HEAD LICE AND RELEASE FORM (Exhibit 1) from the parent/guardian verifying an FDA approved medicated treatment was used to treat the child.
2. Reexamination by the nurse or staff designee shows that all live lice have been removed after treatment.

A reexamination of the affected student should also occur 7-9 days after the child returns to school to ensure that no nits have hatched into live lice. If a student continues to have lice after treatment, he or she must be excluded from school until no evidence of live lice are noted.

To the best of their ability, staff shall at all times maintain the privacy of students that have been identified as having head lice and have been excluded from attendance.

*Legal Reference: (see next page)*

**HEAD LICE** (continued)

*Legal Reference:*

EDUCATION CODE

48320-48325 *School attendance review boards*

49451 *Physical examinations: parent's refusal to consent*

*Management Resources:*

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PUBLICATIONS

*Guidelines on Head Lice Prevention and Control for School Districts and Child Care Facilities, rev. March 2012*

*A Parent's Guide to Head Lice, 2008*

CALIFORNIA SCHOOL NURSES ORGANIZATION

*Pediculosis Management, Position Statement, rev. 2011*

WEB SITES

*American Academy of Pediatrics: <http://www.aap.org>*

*California Department of Public Health: <http://www.cdph.ca.gov>*

*California School Nurses Organization: <http://www.csno.org>*

*Centers for Disease Control and Prevention, Parasitic Disease Information, Head Lice:  
<http://www.cdc.gov/parasites/lice/head>*

**HEAD LICE****RECOMMENDATIONS FOR TREATMENT AND CONTROL OF HEAD LICE  
(and  
RELEASE FORM)**

By carefully following this procedure you can eliminate head lice from members of your family and home. Your child will not be permitted back to school unless they are treated with an FDA approved medication and all nits within 1 cm of scalp from hair and scalp are removed. In addition, you will need to complete and sign the bottom of this treatment release form to indicate that treatment was given and which method was used.

1. Shampoo the hair of the infest child with a pediculicide, carefully following the directions on the label. The San Mateo Department of Health Services recommends permethrin 1% (NIX), which is effective against live lice. This medication is available without prescription. Experts advise a second application 9-10 days after the first, as this medication does not kill unhatched eggs (nits).
2. Remove all nits while the hair is still damp. Use of a fine-toothed comb aides in the mechanical removal of nits. Metal nit combs available from pharmacists, are preferred over the plastic combs that come with pediculicide products.
3. Thoroughly clean personal articles (comb, hairbrushes, clips, curlers, etc.) at the same time you shampoo. Soaking in hot water for 10 minutes or washing with a pediculicide shampoo is recommended.
4. Disinfect all clothing, towels, bed linens, and cloth toys that have been used recently. This can be done by machine washing and drying using HOT cycles. Temperatures exceeding 128 degrees F for five minutes are lethal to lice and eggs. Clothing that cannot be washed like coats, hats, and scarves, should be dry cleaned or "heat treated" in a dryer or stored for 14 days in sealed plastic bags.
5. Thoroughly vacuum all rugs, floors, chairs, sofas, sofa pillows, and especially the interior of your cars and car seats.
6. Inform the families of your child's playmates to check their child's head for lice and nits. Infested contacts need to be treated.
7. For more information, please refer to these websites for brochures:
  - a. <http://www.cdph.ca.gov/HealthInfo/discond/Documents/2012HeadLiceEng.pdf>
  - b. <http://www.cdph.ca.gov/HealthInfo/discond/Documents/2012HeadLiceSpa.pdf>
  - c. <http://www.cdc.gov/parasites/lice/head/parents.html>
8. Please note that there are professional lice-removal hair salons available that will do the treatments for a fee.

**HEAD LICE (continued)**

**Parents: The following needs to be completed and signed prior to your child's return to school.**

**I HAVE READ THE RECOMMENDATIONS FOR TREATMENT AND CONTROL OF HEAD LICE**

I HAVE TREATED MY CHILD'S HEAD LICE USING THE FOLLOWING METHOD:  
(WRITE THE METHOD USED) \_\_\_\_\_  
\_\_\_\_\_

Parent Signature and Date : \_\_\_\_\_

Detach and give to parent for documentation if follow-up treatment is necessary:

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In 9-10 days, re-treatment is required if nits hatch. This application would be due on the following date:

\_\_\_\_\_

I have treated with a second application using the following treatment:

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature Date

**HEAD LICE****HEAD LICE EXPOSURE NOTICE**

This is to inform you that your child may have been exposed to head lice. Please check your child's hair and scalp to make sure your child is not affected. Lice can be eliminated from the school only if lice are eliminated in the home of every school child.

**What are lice?**

Head lice are wingless insects, which hold onto the hair with hook-like claws located at the ends of their 6 legs. They cannot fly or jump, but crawl from person to person. Adult lice are about 1/8 inch long and vary in color from grey to brown. During her lifetime, the female lays from 50-150 yellowish white, oval eggs, commonly called nits. Each measures about 1/16 of an inch long and is firmly attached to the hair shaft close to the scalp by a cement-like substance. As the hair grows, the nit is moved away from the scalp.

Nits hatch in 8-10 days. An empty nit shell is left attached to the hair almost ¼ inch from the scalp. The shell is no longer a threat. The crawling form (nymph) matures in about 10 days, developing into the egg-laying adult (louse) stage. The length of life for an adult louse is from 16-27 days. A generation is completed in about 3 weeks.

**How to Find Head Lice?**

Both lice and nits are commonly found on the upper back of the neck (nape) and behind the ears. Usually, nits and crawling forms of lice can be seen with the naked eye, but a hand lens and flashlight may be helpful. Live nits are usually found very close to the scalp where they receive the warmth and moisture needed for their development. They are teardrop shaped capsules, which move away from the scalp as the hair grows. Most often it is nits, rather than the actual head lice, which are observed on the infested child's hair.

**How are lice acquired?**

Head lice are most likely to spread from person to person in close confided contact, on a frequent and prolonged basis. They are commonly introduced by guests to a home and spread by family members during activities involving head to head contact such as sharing the same bed, sleeping side by side in separate sleeping bags, napping or watching TV on the floor with others over a prolonged period, or participating in close contact play or sport activities. Other possible means of transferring head lice include the sharing of combs and brushes and other personal effects after recent use. The chance of lice transference diminishes in less confined conditions or where contact occurs on an intermittent basis, such as in a classroom.

For more information:, please refer to these websites:

1. <http://www.cdph.ca.gov/HealthInfo/discond/Documents/2012HeadLiceEng.pdf>
2. <http://www.cdph.ca.gov/HealthInfo/discond/Documents/2012HeadLiceSpa.pdf>

**HEAD LICE (continued)**

Legal reference:

Education Code

48210-48214 Persons excluded

49451 Physical examinations: parent's refusal to consent

**Literature Cited:**

1. Guidelines on Head Lice Prevention and Control for School Districts and Child Care Facilities, 2009: Infectious Diseases Branch Division for Communicable Disease Control California Department of Public Health.
2. Frankowski, B.L., and Bocchini, J. 2010. Head Lice. Pediatrics. 126(2): 392-403
3. Schoessler, S.Z. 2004. Treating and managing head lice: the school nurse perspective. American Journal of Managed Care. 10(9 Suppl): S273-6.
4. Brochure: "A Parent's Guide to Head Lice, Easy Steps to Control Head Lice," 2012, California Department of Public Health Vector Borne Disease Section,  
<http://www.cdph.ca.gov/HealthInfo/discond/Documents/2012HeadLiceEng.pdf>  
<http://www.cdph.ca.gov/HealthInfo/discond/Documents/2012HeadLiceSpa.pdf>
5. Pediculosis Management in the School Setting, National Association of School Nurses,  
<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/smId/824/ArticleID/40/Default.aspx>
6. From the American Academy of Pediatrics Clinical Report Head Lice,  
<http://pediatrics.aappublications.org/content/126/2/392.full?sid=e0db2bd1-55fd-4e64-af14-61cb3ba42684>