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Subject	**HEAD LICE (PEDICULOSIS) MANAGEMENT**
References	Policy 3005 – Student and Staff Well-being Simcoe Muskoka District Health Unit Canadian Paediatric Society American Academy of Pediatrics
Contact	School Services

1. Background Information

Head lice are not a health hazard or disease, but a social nuisance. They are most common in children between the ages of 3 and 12. (APPENDIX A)

2. Responsibilities in the Management of Pediculosis

The treatment of head lice is ultimately the parent's/guardian's responsibility; however, communication and education about head lice with students and parents/guardians is essential for fostering a relationship of trust and respect in dealing with the issue.

2.1 Parent/Guardian Responsibilities

Parents/guardians must learn how to recognize head lice and routinely check their child(ren). When a child has head lice, the parent/guardian must notify the school.

2.2 School Responsibilities

Schools should have basic knowledge about the prevention, identification and treatment of head lice. Schools are responsible for implementing the pediculosis protocol.

2.3 Health Unit Responsibilities

The Simcoe Muskoka District Health Unit (SMDHU), through Health Connection, may provide health teaching about head lice to schools and refer principals to current, evidence based information about prevention, identification and treatment. SMDHU public health nurses are not responsible for performing head lice checks.

3. Pediculosis Protocol

A common protocol has been established to provide a standard practice for all elementary schools in the management of head lice. The protocol will describe how and what information will be provided to parents/guardians about the prevention of head lice (e.g. regular items in school newsletters, information for parents/guardians at kindergarten registration, etc.). The information presented in the protocol stresses that head lice do not represent a health threat and are unrelated to cleanliness.

3.1 The primary responsibility for head lice rests with the parent/guardian. Schools will request that the parent/guardian notify the school when the child has head lice. If the parent/guardian becomes aware that the child has head lice, or the school identifies that a student has head lice, the school must notify the other parents/guardians with children in the same class. The Letter of Attention (FORM A7210 - 1) will request that parents/guardians check their child(ren) for the presence of head lice and nits (containing the eggs). The parents/guardians of students with head lice will be provided with a Pediculosis Treatment Instruction sheet (APPENDIX B) which contains information about remedy options and instructions for treating head lice, as well as a Letter of Notification/Confirmation of Treatment (FORM A7210 - 2). All efforts must be made to minimize stigmatization and social isolation of the student and ensure confidentiality of the family.

3.2 If the school suspects that a student may have head lice, the principal, or designate, must contact the parent/guardian to inform them of the likely presence of head lice. The student will be excused from school to begin head lice treatment; however, if the parent/guardian is unable to pick up the child during the school day, the child may remain at school, although close, direct head contact with others should be discretely discouraged. Students who have been excused from attendance for half a day or more will be marked as “Absent” on the register.

3.3 When the principal, or designate, determines that a student should be excused from attendance at school for head lice treatment, and the parent/guardian refuses to withdraw the student for treatment, the principal, or designate, must contact their superintendent of education. Communication with parents/guardians to encourage their participation and co-operation will usually be the most effective method in dealing with this issue.

3.4 The student should be welcomed back to school as soon as possible after the initial treatment is completed. A signed Confirmation of Treatment form (FORM A7210 - 2) will be required before a student returning to school following head lice treatment, goes back to the classroom. This form will indicate that the parent/guardian has treated the child with a treatment product according to the product instructions; the parent/guardian is aware that a second treatment is required 7-10 days from the first treatment to kill any newly hatched lice; and, that the parent/guardian has examined the child’s hair following treatment and has found no evidence of live lice. Using the screening process that exists in the school, students will be re-checked before returning to the classroom.

3.5 If a returning student is not free of live lice, the parent/guardian will be contacted by the school and arrangements will made for the child to return home to be re-treated. The parent/guardian will be provided with another Letter of Notification/Confirmation of Treatment form (FORM A7210 - 2) to be completed and returned following the student's treatment.

3.6 When a student experiences repeated incidents of head lice, the principal, or designate, may consult with the SMDHU through Health Connection for health teaching about head lice and referrals to current, evidenced based information about prevention, identification and treatment.

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Issued under the authority of the Director of Education

10 Common Questions Asked About Head Lice

Adapted from the 2018 Position Statement of the Canadian Paediatric Society (CPS) and the 2015 Position Statement of the American Academy of Pediatrics (AAP)

1. How are head lice identified?

The most common symptom of head lice is itching. This is caused by sensitization to lice saliva; a louse feeds by injecting tiny bits of saliva and taking tiny amounts of blood from a human scalp. With a first exposure to head lice, presence of just a few lice, or people who are less sensitive to lice saliva, there may be no complaints at all.

To make the diagnosis of head lice, you need to examine the hair and scalp very carefully to find a live louse. Adult lice are usually grey and about the size of a sesame seed (2-4mm). They can be very tricky to spot because they can move very quickly and hide in the hair; however, they are most often seen along the hairline behind the ears and at the back of the neck.

It is usually easier to find the casings for the eggs laid by the lice. These are called “nits” and are even smaller than the lice, oval in shape, and they vary in colour. Lice lay their eggs within 3-4 mm of the scalp so the eggs will stay warm and there will be food for the nymph (i.e. baby louse) when it is hatched about a week later. Lice attach the nits (containing the eggs) to the hair with a strong glue-like substance which means the empty nits stay stuck to the hair even after the eggs have hatched or been killed with chemicals. As the hair grows, it carries the empty nits further away from the scalp. These empty shells cannot spread lice to the same child or others. The AAP says that, “nits found more than 1 cm from the scalp are unlikely to be viable” (Devore & Schutze, 2015).

An important difference between nits and debris found in hair (e.g. dandruff, scabs, dirt, hairspray droplets, etc.) is that nits cannot be flicked off the hair easily, nor can they be slid up and down the hair shaft.

2. How are head lice transmitted?

Head lice can only crawl. They cannot hop, jump, or fly. They only survive on humans. Head lice are transmitted primarily by direct head-to-head contact. They are most common in children between the ages of 3 and 12. Hair length and frequency of hair brushing or shampooing do not seem to make a significant difference.

Head lice rarely survive more than a day away from the scalp. Also, their eggs cannot hatch if they are not at the right temperature and the nymph cannot survive without food nearby. As a result, indirect transmission of head lice by contact with personal belongings is much less likely to happen. It is still recommended that parents/guardians discourage their child(ren) from sharing brushes, combs, and hats.

3. What treatment is recommended?

Well-established treatment options for a proven head lice infestation include topical insecticides (i.e. pediculicide shampoo) and oral agents. Non-insecticidal products that have been approved by Health Canada since the last CPS statement was published in 2018, can all be obtained over the counter. (http://www.cps.ca/documents/position/head-lice)

In Canada, a number of different pediculicides are available over the counter and by prescription. They are all potentially harmful if used improperly; therefore, it is very important to read the instructions carefully, discuss their use with a pharmacist, or health care provider, and use only as directed. They should never be applied to broken skin, and should be stored out of reach of children.

It is important to note that experts recommend~~ing~~ that the pediculicide shampoo treatment should be repeated in 7-10 days because some newly laid eggs may have survived the first round. By treating again 7-10 days later, any surviving eggs will have hatched but not have had time to lay any more eggs; the repeat treatment will kill these new lice.

4. What do we do after we use the recommended treatment?

Both the CPS and AAP are very clear that it is not necessary to remove nits after appropriate treatment with a pediculicide shampoo in order to prevent spread. Most of these nits will contain eggs that have been poisoned by the pediculicide. The few nits that may contain surviving eggs will hatch over the next week and the few new lice will be killed in the repeat application of the pediculicide shampoo, as described above.

You may wish to pick the nits out after using the pediculicide shampoo in order to decrease "diagnostic confusion" (i.e. where dead nits might be mistaken for active infestation) or for cosmetic reasons. The AAP notes that some experts recommend removal of nits within 1 cm of the scalp as well as a second treatment within 7-10 days following the first treatment, to decrease that small risk of a few nits surviving to hatch.

If live lice are found within 24 to 48 hours, the CPS recommends immediate re-treatment with a different pediculicide shampoo, and then repeat this second treatment within 7-10 days. In this unusual circumstance, discussion with a pharmacist, or health care provider is prudent.

5. Who else needs to be treated?

It is important to carefully check the hair and scalp of everyone who may have had direct contact with a child who has live lice. These individuals do not need treatment unless live lice are found. The exception to this rule is anyone who shares a bed with the child who has lice. Both the CPS and AAP recommend that individuals that share beds should be treated on the **assumption** that they have lice as well.

6. What about objects that my child(ren)'s head might have touched?

There is little evidence to suggest that sharing hats, brushes, and other personal articles can spread head lice. However, heat will kill any stray lice; therefore families may wish to wash personal articles in hot water for at least 10 minutes. Drying items at high temperatures, or storing them in plastic for 10-14 days, will also kill lice.

7. Do we need to fumigate or spray?

Spraying (i.e. fumigation) is not recommended. If families are concerned about carpets, furniture, or car seats, vacuuming should be sufficient.

8. How should a case of head lice on a student be handled?

The emphasis should be on confidentiality, not embarrassing the child(ren) or family involved, and ensuring appropriate treatment is undertaken. A child found to have active head lice has likely had them for some time. There is no need for the child to be removed from the class on the day of diagnosis, although close direct head contact with others should be discretely discouraged.

The CPS provides the following information for case management of a child with head lice:

- Head lice infestations are common in school children but are not associated with disease spread or poor hygiene.
- Head lice infestations can be asymptomatic for weeks.
- Misdiagnosis of head lice infestations is common. Diagnosis requires detection of live head lice. Detecting nits alone does not indicate active infestation.
- Environmental cleaning or disinfection following the detection of a head lice case is not warranted. Head lice or nits do not survive long away from the scalp.
- Treatment with an approved, properly applied, pediculicide shampoo (two applications 7-10 days apart) is recommended when a case of active infestation is detected.
- When there is evidence of a treatment failure (i.e. detection of live lice), using a full course of pediculicide shampoo from a different class of medication is recommended.
- The scalp may be itchy after applying a pediculicide shampoo; however, itching does not indicate treatment resistance or a re-infestation.
- Pediculicide shampoos can be toxic. Take care to avoid unnecessary exposure and, when indicated, minimize skin contact beyond the scalp.

Both the CPS and AAP agree that the evidence does not support the use of "no-nit policies" for return to school or day-care. They recommend that children can return to school once treated with an effective pediculicide shampoo.

9. What about routine screening of students at school?

The AAP found that these programs have not been shown to have a significant effect on the incidence of head lice in schools and should be discouraged.

10. How can we prevent the spread of head lice?

The AAP responds:
"It is unlikely that all head lice infestations can be prevented, because young children come into head-to-head contact with each other frequently. It is prudent for children to be taught not to share personal items, such as combs, brushes and hats, but one should not refuse to wear protective head gear because of fear of head lice. In environments where children are together, infested children should be treated promptly to minimize the spread to others. Regular surveillance by parents is one way to detect and treat early infestations, thereby preventing the spread to others."

To deal with the problem of head lice, responsibility needs to be shared by parents/guardians, school and community health professionals.

Parents/guardians should learn how to recognize head lice and routinely check their child(ren). When a child has head lice the parent/guardian should notify the school.

Schools should have basic knowledge regarding the prevention and treatment of head lice. Notification, or reminders, to parents/guardians regarding head lice is a school responsibility.

When there are repeated incidents of head lice, the principal may consult with the SMDHU through Health Connection for health teaching about head lice and referrals to current, evidenced based information about prevention, identification and treatment.

REFERENCES:
Devore CD, Schutze GE; AAP, Council on School Health, Committee on Infectious Dises. Head Lice. *Pediatrics.* 2015; 135(5): e1355-e1365 – October 01, 2015

PEDICULOSIS TREATMENT INSTRUCTION SHEET

Description

Head lice are spread primarily by direct head-to head contact with an infested person; however, it is still recommended that parents/guardians discourage their child(ren) from sharing brushes, combs and hats.

The eggs of lice hatch in 7-10 days. Head lice can be passed to others as long as there are any live lice.

Head lice may be brown or grayish, with flat wingless bodies. They are small insects about 2-4 mm in length and about half as wide. They move quickly and shy away from the light, making them difficult to see. Lice have six legs and live almost entirely on the head. They bite the scalp to obtain blood, which is their only means for survival. It is the biting which causes an infested person to feel itchy. Head lice can only survive for 1-2 days if off the head.

The nits are tiny and may be yellowish-white, brown or gray and shiny. They are glued to the hair near the scalp. Unlike lint or dandruff, they will not wash off or blow away. Nits may be found throughout the hair but are most often located at the nape of the neck, behind the ears and at the crown. A magnifying glass and natural light may help when looking for them.

Treatment

All infested family members should be treated at the same time. There are pediculicide shampoos, which contain chemicals which kill the lice. Regardless of the product used, the nits must be removed manually. Using a pediculicide shampoo is not enough to get rid of the lice.

If you have allergies or are taking medication, consult your pharmacist, or health care provider, prior to treatment. If you are pregnant or breastfeeding, more information can be found on the MotherToBaby website.

If you are treating others, wear plastic or rubber gloves to minimize skin contact beyond the scalp.

Product Use

Read the package directions of the product you have chosen and follow them carefully. If you have questions about the product, ask your pharmacist, or consult with your health care provider.

Removal of Nits

Since lice combs do not remove all nits, using your fingernails to pull out the nits is the best way to be sure that your child is completely clear.

1. You will need good lighting (e.g. sunlight, a strong lamp, etc.). Use a magnifying glass if required.

2. Use a comb or hairbrush to remove tangles.

3. Divide hair into small sections and fasten off the hair that is not being worked on. Using a fine toothed comb or lice comb, go through each section from the scalp to the end of the hair. Dip the comb in a cup of vinegar or use a paper towel to remove any lice, nits or debris from the comb between passes. If debris builds up, use an old toothbrush to clean the comb.

4. Work through that same section of hair and look for attached nits. They are always oval-shaped, usually shiny gray, white or brown. Eggs are laid close to the scalp but can also be found anywhere along the hair shaft. Use your fingernails or scissors to cut the individual hair strands with attached nits.

5. Go on to the next section until all sections have been completed. All nits should be removed.

6. When all the nits have been removed, the comb should be cleaned and soaked in hot water for 10 minutes. Wash hands and clean fingernails.

7. After the nit removal has been completed, search your child's hair for live lice. They move quickly and may be caught by a tweezer, your fingernails, or by using double-sided tape.

8. Check the infested person every day for at least two weeks and regularly afterwards. Finding a nit or two the next day does not necessarily mean re-infestation. Being consistent and diligent about manual removal will help.

9. Live lice found on the head within 24 hours after the initial treatment could indicate treatment failure. A full course of treatment with a different product should be completed.

10. A few freshly laid eggs may not be killed by pediculicide shampoos. ***A second treatment is now recommended 7-10 days after the first treatment.***

Other Measures to Control Head Lice at the Time of Treatment

1. There is little evidence to suggest that sharing hats, combs, brushes, and other personal articles can spread head lice; however, heat will kill lice and families may wish to wash personal articles in hot water for at least 10 minutes. Drying items at high temperatures, or storing them in plastic for 10-14 days, will also kill lice.

2. It is not necessary to use chemical sprays (i.e. fumigation) in your home as part of your treatment.

3. Check each member of the family daily. Once the condition is cleared, check each family member two times a week for a month, or more if there is an outbreak.

4. For more information visit the SMDHU at www.simcoemuskokahealth.org or call Health Connection at 1-877-721-7520.

Sample Letter of Attention

(School Letterhead*)*

Date

Dear Parent/Guardian:

There has been an incidence of head lice (pediculosis) in your child's class. Head lice do not spread disease or cause illness; however, the Simcoe County District School Board requires that treatment be provided immediately.

Please read the attached Pediculosis Treatment Instruction sheet. If you find live lice or nits within one cm of your child's scalp, then you need to treat your child's head. Information on treatment procedures is available from the Simcoe Muskoka District Health Unit, your local pharmacy, or your health care provider.

If you discover that your child has head lice, make sure that all family members, including adults, are checked. Immediately, treat only infested family members or bedmates, following the instructions of the treatment product. Also, please remember to notify the school if your child has head lice so that we can work together to reduce the spread. If you do not see lice or nits on your child's head, please continue to check their head twice a week for a month, or more if there is an outbreak.

If you have any further questions, please contact the school or the Simcoe Muskoka District Health Unit's Health Connection Line 1-877-721-7520.

Sincerely,

Principal

Encl. Pediculosis Treatment Instruction sheet

Sample Letter of Notification/Confirmation of Treatment

(School Letterhead)
Date

Dear Parent/Guardian:

We believe your child may have head lice (pediculosis). Head lice are a common problem that can affect anyone. Head lice do not spread disease or cause illness; however, they can be a nuisance when they are difficult to eliminate.
To prevent the spread of head lice, please check your child's head, read the attached Pediculosis Treatment Instruction sheet, and provide appropriate treatment for your child immediately. You may also wish to consult your pharmacist, or health care provider,
to determine an appropriate treatment for your child. A few fresh laid nits may not be killed by pediculicide shampoos. A second treatment is recommended 7-10 days after the first treatment.

Following the second treatment, please check for any live lice. If you find live lice, talk to your pharmacist, or health care provider, regarding next steps.

Please complete and sign the form below. It must be brought to the school office before your child returns to the classroom.

Upon return, your child will be re-checked for lice. If a returning student is not free of lice, the student will not be ~~re~~admitted to class.

Thank you for your co-operation.

Sincerely,

Principal
Encl. Pediculosis Treatment Instruction sheet

(Cut here)

Please complete the following. The signed form must be returned to the school office before your child returns to the classroom.

Child's Name _____ Class _____

I have treated my child with _____according to the instructions of this treatment product.

I am aware that I will need to retreat my child 7-10 days from the first treatment to kill any newly hatched lice.

After examining my child's hair following treatment, I have found no evidence of lice.

Date _____ Signature of Parent/Guardian _____

The information which is being requested on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Personal Privacy Act* and the *Education Act* and its regulations and will be used as part of the board's head lice management program in its schools. A copy will be kept in the school for one year.