- F -
PEDICULOSIS
(HEAD LICE)
What are they?

Head lice are tiny gray insects (about 1/16" long) that live in human hair and feed on human blood. **Head lice do not spread any disease.** The head louse crawls quickly but **cannot fly or jump.** They multiply rapidly, laying little silvery colored oval-shaped eggs (called nits), at the base of the hair shaft very close to the scalp. Usually nits are laid within 1/4" of the scalp. The nits appear glued to the base of the hair. **Egg casings located farther out on a hair shaft are not viable and should not be considered an infestation.** Nits are most often found in the hair behind the ears and at the back of the head and neck. Nits should not be confused with dandruff. Dandruff can easily be flicked off the hair; nits cannot because they are firmly attached to individual hairs. One telltale sign of head lice is an intensely itchy scalp, which is caused by the bite of the louse. The itchy scalp is sometimes accompanied by infected scratch marks or what appears to be a rash. A secondary bacterial infection can occur, causing oozing or crusting. Swollen neck glands may also develop. Anyone can get head lice. Head lice are not a sign of being dirty and should not be considered a sign of an unclean house. Head lice, not nits, can be shared from person to person but only by direct contact, such as sharing the same bed.

Transmission

Head lice are transmitted through **direct contact with an infested person through shared bedding and less frequently through shared items, such as combs, brushes, towels, and hats.** Head lice are more common in warm weather months. The life cycle is composed of three phases: eggs, nymphs (3 stages), and adult head lice. The most suitable temperature for the life cycle is 89.6°F. Eggs of head lice do not hatch at temperatures less than 71.6°F. Under optimal conditions, lice eggs hatch in 7 to 10 days. The nymphal stages last 7 to 13 days depending on temperatures. The egg-to-egg cycle averages about 3 weeks.

- The best way to interrupt a chronic lice problem is with **regular checks by parents** and **early treatment.** After applying the product according to the manufacturer’s instructions, parents should follow with nit removal and wet combing. The treatment should be reapplied in 7 to 10 days.
- Once a family member is identified with head lice, all household members should be checked.

Key Steps to Removal

As a cooperative effort to reduce the incidence of pediculosis (head lice) in our schools, the Duval County School District and the Department of Health in Duval County (DOH-Duval) developed the following system-wide pediculosis program. The goal of the program is threefold:

- Early detection and treatment
- Elimination of the items that allow the lice to be transmitted
- Proper treatment and follow-up
RESPONSIBILITY

School Principals

1. Designate at least two persons who are willing to be trained on pediculosis identification to attend in-service training. Sessions will be conducted by DOH School Nurses on the detection and treatment of head lice. (See "Head Lice Screening Procedure and Information" page F-7.)

2. Enforce policy which would require that only trained school personnel and/or trained parent volunteers screen students for head lice. Individual applicators like tongue blades should be used to avoid touching the scalp. The Centers for Disease Control recommends wearing gloves when dealing with blood and other body fluids containing visible blood.

3. Exclude from school any student found to have live head lice.

4. Screen any siblings of student found to have live head lice.

5. Students found to have live lice are excluded from riding their bus until readmitted in school.

- Take preventive steps to control the spread of head lice:
  1. When possible provide separate storage for individual student's garments, e.g., clothing may be stored in individual bags or desks.
  2. Provide hooks for long coats on racks, spaced twelve inches or more apart.
  3. Carpeted classrooms must be vacuumed daily when an outbreak of pediculosis is in progress. Custodial services are to maintain proper disposal of vacuum contents.

6. After a student has had a third (3rd) recurring case of head lice, a referral to the DOH School Health Office (904-253-1580) is to be completed.

Teachers and Staff

- Make sure each student has a place for his/her hat, coat, and other belongings where they will not come in contact with the belongings of other students. If storage units are not available, the student should be asked to retain coat or sweater on back of chair or his/her desk. Store caps and scarves separately or let each student keep them in their desk. If needed, brown paper shopping bags should be provided and individually labeled. This protective measure must be maintained whether or not lice are known to be present in the school.

- Helmets, head sets, mats, cots, and other items in prolonged intimate contact with the hair of more than one student should be thoroughly wiped with a dry disposable tissue or their use discontinued during those times when head lice are known to be present.

- If the teacher suspects lice, the student should be referred to the designated trained school person for inspection. If lice are found, appropriate action can then be taken regarding exclusion from school, treatment and screening of other students.
A brief overview on ways to reduce the risks and spread of head lice will be provided to Pre-K-12th grade students when necessary.

PROCEDURES FOR HANDLING IDENTIFIED CASES OF HEAD LICE

• At the time of identification, isolate students with head lice from other students until such time as provisions can be made for them to return to their home for treatment.

• Telephone the parent/legal guardian or emergency designee of each identified student to inform them of the need to exclude the student until treatment has begun and the student no longer has lice.

• If the student rides a bus, inform bus driver that the student has head lice and the following steps are being followed:
  1. Treat bus seat where infested student sat.
  2. Do not let the student ride bus to school until the parent has accompanied the student to school and treatment determined as satisfactory. Student's presence on the bus the following afternoon will mean the student was cleared and may resume bus privileges.

• Send the "Letter to Parents of Students with Head Lice" (Attachment F-I) to parents of the student with head lice.

• Parents may obtain treatment for head lice from their health care provider or purchase one over-the-counter.

• When head lice are discovered in one elementary classroom, screen all students in the classroom. If 3 or more students in one elementary classroom are found to have live lice, notify the parents of all the students in the elementary classroom by sending home the "General Information Notice for Head Lice Control" (Attachment F-II).

• For middle schools and high schools, it is not necessary to screen classrooms or send letters home to parents of students not identified as having live lice.

• To assure proper follow-up of identified students, maintain the Monthly Pediculosis Control Program Log listing the student's name, screening/re-screening dates, and date head lice were discovered (see Attachment F-III).

• A copy of the Monthly Pediculosis Control Log needs to be submitted to the DOH School Health Office at the end of each month (Attachment F-III). DCPS Schools can submit the log to their DOH School Nurse. Duval Charter Schools can fax the log to the DOH School Health Office at 904-253-1896.

Please note that the letters to parents, Attachment F-I and F-II, differ.
  a. Attachment F-I, addresses parents of students identified as having head lice.
  b. Attachment F-II, addresses parents of all students in a classroom where lice were detected.
Readmittance of Students

- Students sent home for treatment of head lice will be readmitted through the school office only when they are personally accompanied by a parent, guardian, or other responsible adult. **Students will not be permitted to ride the school bus until cleared by the school.**
- Trained staff will carefully examine the hair and scalp of returning students. **If head lice are present, the student will not be admitted.** If a student returns to school with lice, the parent, guardian, or other responsible adult should be given the “Refusal to Admit Student Due to Head Lice” (Attachment IV).
- **Date rescreened and returned to school will be documented on the Monthly Pediculosis Control Program Log.**
- **Follow-up screening will be scheduled in 7-10 days.**

Follow-Up Screening

- Trained staff will conduct a follow-up head check seven (7) days, but not later than ten (10) days after the student has received the first treatment.
- Trained staff will inspect the scalp of student. If head lice are present, student will be excluded.
- **Date of rescreening will be documented on the Monthly Pediculosis Control Program Log.**

Absenteeism Due to Head Lice

- Provide students up to 3 days of excused absences for each identified case of head lice
- Students will be provided an opportunity to make up all work missed during the excused absentee period.
- After the third (3rd) recurring case of head lice during the year, a referral to the DOH School Health Office (904-253-1580) is to be completed for assistance.

Responsibility of the Department of Health in Duval County

Services for Detection and Treatment of Head Lice

- Provide documented in-service training for school personnel and parents on the detection and control of pediculosis.
- Provide special in-services to schools having chronic head lice problems (through student groups, faculty, PTA, etc.).
• Participate in direct inspections at schools when unusual problems occur (for example, assist when an unusually large number of students are to be screened or in schools where screening procedures are questioned).

• Respond to principal requests for assistance or advice on unusual problems. DOH School Nurses, will instruct parents of students with continuous head lice infestation on proper preventive measures, through parental conferences, home visits, etc.

• Provide advice on the treatment methods for head lice upon parent request.
HEAD LICE SCREENING PROCEDURE AND INFORMATION

To inspect the hair of each student for head lice or nits, use two clean applicators to avoid touching the scalp, starting at the nape of the neck and working forward, paying particular attention to the area around the ears. Be sure to use clean applicators for each student to prevent the spread of lice and other problems such as ringworm. Discard applicators after each use.

Nits are most predictably found on hairs at the nape of the neck and behind the ears, but may be found on hairs anywhere on the scalp.

Inspections should be performed in a well-lighted area, preferably in sunlight.

Head Louse-Comparative Actual Size

You will be looking for live adult lice moving on the scalp or in the hair, eggs (nits) and newly hatched lice (nymphs).

Lice are small flat grayish-tan wingless insects. An adult louse is hardly bigger than a pinhead. They are about 2 to 3mm long.

Eggs (nits) vary in color from creamy yellow to tan. They are approximately 0.8mm long about the size and shape of a typewritten comma. Nits are cemented to the hair shaft and do not disintegrate if pulled along the hair shaft as dandruff does.

Newly hatched lice (nymphs) are transparent but appear red after their first blood meal. They closely resemble a mature louse but are smaller and not yet capable of reproducing.