

- F -

**PEDICULOSIS
(HEAD LICE)**

What are they?

According to the Centers for Disease Control and Prevention (CDC), head lice are tiny, tan or grayish white, wingless insects that live close to the human scalp and feed on human blood. Head lice are not dangerous and do not spread disease. Head lice move by crawling and cannot fly or jump. Adult lice lay tiny, teardrop shaped yellowish or white eggs called nits. Nits are most often found attached to the hair shaft 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.

Signs and Symptoms of Head Lice Infestation (Per CDC)

- Tickling feeling of something moving in the hair.
- Itching caused bites of the head louse
- Irritability and difficulty sleeping (head lice are most active in dark)
- Sores on the head caused by scratching

Transmission

Head lice are mainly spread by direct head-to-head contact, such as during play at home or school and sports activities. Less often, lice may also spread by objects that have been in recent contact with a person with head lice, such as hats, hair accessories, combs, brushes, stuffed animals or bedding.

The best way to interrupt a chronic lice problem is with regular checks by parents and early treatment. 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 head lice in our schools, the Duval County School District and the Department of Health in Duval County (DOH) 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 "How to Examine for Head Lice" page F-6.)

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 direct 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 live lice are found, appropriate action can then be taken regarding exclusion from school.
- 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/ guardian or emergency contact 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 Parent/Guardian of Student with Head Lice" (Attachment F-I) to the parent/guardian of the student with live head lice.
- The parent/guardian may obtain treatment for head lice from their health care provider or purchase one over-the-counter.
- Per the National Association of School Nurses, both the American Academy of Pediatrics and the CDC advise that it is not necessary to conduct whole classroom screenings or send notification to others except for parents/guardians of students with head lice infestations.
- 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-II).
- A copy of the Monthly Pediculosis Control Log (Attachment F-II) needs to be submitted to the DOH School Health Office at the end of each month. 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.

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 live head lice are present, the student will not be admitted and the student should be sent home with the parent/guardian or other responsible adult.
- 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 live 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 parent volunteers 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, when 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.

How to Examine for Head Lice

Use bright light to look at:

- ① Crown of head
- ② Bangs
- ③ Behind both ears
- ④ Nape of neck

How to inspect

- ① Place gloves on your hands
- ② Use fingers to separate hair and create a part. The part should allow you to clearly see the person's scalp.
- ③ Look for lice crawling on the scalp where the hair is parted or on the hair shaft. The lice will be dark in color and the size of a poppyseed.
- ④ Look for nits near hair follicle about $\frac{1}{4}$ inch from scalp. Nits (eggs) will be white or yellowish-brown. Nits are often more easily seen than lice, especially when the person has dark hair.
- ⑤ Also look behind both ears and near the back of the neck. You may see lice or nits. You may also see bites.

The size of a nit (egg), nymph, and louse relative to a penny



A. Checking hair for lice



B. Nits (lice eggs) on hair

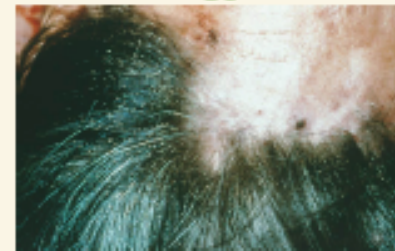


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SCREENING TIP:

To distinguish between dandruff and nits, try to flick or pull off the white speck. Dandruff is easily pulled off, but nits are not.

Change gloves between each child's examination and wash your hands after all examinations are completed.



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