

### **Lice Information:**

Lice live on blood that they draw from the scalp. Lice are spread by close head to head contact and are now considered home acquired. Lice do not jump or hop from head to head. They crawl. Lice do not spread infection. Symptoms include complaints of itchiness or child scratching behind the ears and nape of neck. Lice lay eggs called nits which are most commonly seen behind the ears and nape of the neck. Nits must be within ¼ inch of a warm scalp to hatch; nits further from the scalp are not considered viable. Only lice, not nits, spread the infestation. Therefore, a person is only contagious when they have live lice.

### **Control of Head Lice:**

Chemical (pediculicide) shampoos kill live lice and are the only known effective treatment. It is essential to re-treat 9 days later or as directed on the shampoo bottle. Chemical shampoos can be purchased over the counter. Chemical shampoo does not kill nits and should not be applied when only nits are present. Shared objects that contact the head are no longer considered to pose much of a risk of spread of lice because insects stay close to their blood supply on the scalp. Still recommended, however, is to avoid sharing clothing and headgear without washing in between users. There is no evidence that nit combing

improves treatment success rates if the child is receiving a chemical shampoo treatment at the same time. Household and close contacts should be examined and treated if they have live infestations. Treatment of the home environment is no longer required and is optional because lice spread is primarily head to head. Home treatment options include washing articles (that have had contact with the head in last 1 to 2 days) in a hot washer and drying in a hot dryer, vacuuming floors, carpets and furniture; and bagging all toys, bedding, and fabrics in sealed plastic bags away from people for more than 2 days. Head lice can live only 1 to 2 days away from the scalp.

### **Amphitheater Health Services Best Practice:**

1. Child with lice is excluded from school until he/she receives chemical treatment at home.
2. Classroom checks are no longer warranted as lice do not jump head to head and privacy should be respected.
3. Teacher discourages sharing clothing and headgear, and head to head contact.
4. Only parent of child with lice receives verbal notification, so as not to alarm other parents.
5. Parent of child with lice receives instruction on proper chemical (pediculicide) shampoo treatment and retreatment 9 days later, or as recommended on shampoo bottle.

6. Parent is instructed to examine entire household and close contacts, and to chemically treat if they have infestations.
7. Optional treatment of the home environment is explained to the parent: laundering, bagging, vacuuming, and nit combing.
8. Letters are not sent home to all parents as this causes unnecessary alarm.
9. Child returns to the health office the next day following treatment for assessment.
10. Child is released to classroom if child was treated effectively.
11. Child is reassessed by health staff in 10 days i.e. following re-treatment.