

Recommended Head Lice Management



A Head Lice Information Package For Families and Schools

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INTRODUCTION

Head lice can affect anyone. Head lice are annoying and may cause itching, but they do not transmit or cause disease. Children and adults' reactions to head lice can subject children to teasing, bullying and isolation. Reactions to head lice can significantly interfere with a child's emotional well-being, social status in the classroom and ability to learn. For these reasons, head lice infestations should be treated.

Current research shows that school exclusion, early dismissal and no-nit policies do not prevent or control head lice infestations. In fact, these practices further stigmatize children, erode their self-esteem and interfere with learning. No-nit policies in schools and daycares are discouraged by both the Canadian Pediatric Society (CPS) and the American Academy of Pediatrics (AAP).

It is important to keep children from missing school. Children should not be excluded from school or sent home early because of head lice. Parents should be advised to treat children in order to prevent the negative emotional and social impact of head lice infestations.

RURAL COASTAL HEALTH RECOMMENDATIONS FOR THE MANAGEMENT OF HEAD LICE

Rural Coastal Health supports the Canadian Pediatric Society's Position Statement on the management of head lice in schools. Therefore, Rural Coastal Health does not support school exclusion, early dismissal and no-nit policies, as these disrupt the education process and adversely affect children's self-esteem and social status in the classroom.

Due to frequent misdiagnosis of head lice, school screening teams are not encouraged.

RATIONALE:

- 1) Lice may be present on the scalp for weeks before they are discovered. Only 30 percent of individuals scratch their scalp when they have head lice. As children are often in the classroom for days or weeks before head lice are detected, there is no benefit to sending them home early from school.
- 2) Head lice infestations are often misdiagnosed. The presence of fluff or dandruff in the hair can be mistaken for nits. As well, the presence of nits does not mean a child has an active infestation. It is difficult to tell the difference between nits and empty egg casings. Even under ideal conditions, 10-30 percent of nits do not hatch.
- 3) Pediculocides are overused because head lice are frequently misdiagnosed.
- 4) Negative reactions to head lice adversely affect children by subjecting them to teasing and bullying.

WHAT PARENTS CAN DO...

- ✓ Be aware of the symptoms of head lice and the treatment procedures.
- ✓ Check the heads of all family members on a weekly basis. Increase this to daily head checks when a case of head lice has occurred in your child's classroom or one of the family members has been in contact with head lice.
- ✓ Let the school know if your child has head lice so that a letter can be sent home to families in that same classroom to remind them to check their children at home.
- ✓ Treat the infested heads.
- ✓ Contact your school's Public Health Nurse (PHN) for resources and further information when treatment has failed to rid your child's head of head lice.
- ✓ Teach your children not to share hair accessories, hats, combs or brushes with others.

WHAT THE SCHOOL CAN DO...

- ✓ Discuss the management of head lice in schools with the Public Health Nurse.
- ✓ Develop an understanding of the symptoms of head lice infestation.
- ✓ Distribute classroom letters and treatment information to parents when head lice are identified.

See Appendix A for Sample School Letters.

See Appendix B for Sample School Newsletter Insert.

WHAT THE PUBLIC HEALTH NURSE CAN DO...

In the school:

- ✓ Discuss the management of head lice in cooperation with the school principal, staff and parents.
- ✓ Determine if the school staff has an adequate knowledge of head lice and the control of infestations.
- ✓ Receive referral from school staff to follow up treatment failures or other concerns related to managing head lice.

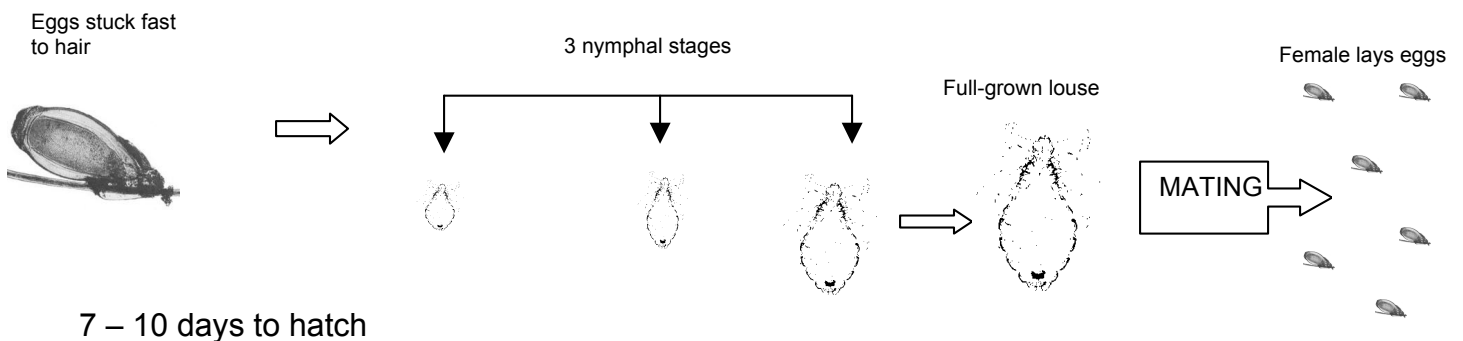
With families:

- ✓ Group presentation about head lice and head lice control in consultation with the school.
- ✓ Follow-up for treatment failures or other concerns related to managing head lice. Eg. provision of information through written handouts or individual counseling.

HEAD LICE FACTS

- ✓ Head lice do not spread disease.
- ✓ Head lice are tiny insects about the size of a sesame seed and can vary from white to brown in color.
- ✓ Head lice live only on a person's head.
- ✓ Head lice do not jump or fly, they crawl.
- ✓ Head lice can be difficult to see.
- ✓ Head lice bites can make the scalp itchy (but not always).

Life cycle of Head Lice:



To see head lice photos go to www.hsph.harvard.edu/headlice.html

- ✓ Adult head lice lay about 5-6 eggs (called nits) every day. These nits are glued to the hair very close to the scalp (within 6mm or $\frac{1}{4}$ inch).
- ✓ It takes 7-10 days for the nits to hatch into a nymph.
- ✓ It takes 7-10 days for a nymph to become an adult. During that time, it stays on the head and does not lay eggs.
- ✓ You can find nits anywhere on the head especially behind the ears or on the back of the neck.

- ✓ You can't get rid of nits by brushing, or with a hair dryer.
- ✓ After the head lice hatch, the shell of the nit stays glued to the hair. If it is more than 6mm or ¼ inch away from the scalp, it is probably empty.
- ✓ You can get head lice by touching heads with someone who has head lice, or by sharing combs, brushes and hats.
- ✓ Head lice are common where children play or work closely together.

HEAD LICE TREATMENT

- ✓ Treatment should be considered only if head lice or live nits are found.
- ✓ Head lice do not go away unless treated.
- ✓ There is a wide variety of evidence based head lice treatments available “over the counter” at pharmacies. (Ask your pharmacist for them).
- ✓ It is really important to read and follow the product’s package insert as each product may have different application instructions.
- ✓ It is very important to repeat the application of the head lice treatment in 7-10 days to get rid of the head lice completely.
- ✓ See the attached BC Health File Number 06 March 2007 for further instructions.

OTHER TREATMENTS

While there is **no** research to support the effectiveness of Wet Combing, some parents say it works if done accurately and consistently.

Wet Combing

Wet combing is based on the life cycle of head lice. It focuses on removing the live head lice and does not require removing the nits from the head. This is not a proven method for managing head lice. Wet combing is time consuming and requires that parents follow the wet combing treatment schedule carefully and completely. This information is attached to this document and can be discussed with a public health nurse as well.

A WORD ON COMBS

Some general things to keep in mind with combs are:

- ✓ Regular combs will not remove head lice and nits (lice eggs)
- ✓ There are two types of special head lice combs: a **head lice** comb has more space between the teeth and will remove lice but not nits, which are much smaller than lice. A **nit** comb's teeth have less space between the teeth and will remove both lice and nits
- ✓ Plastic combs are not useful because they are so flexible that the teeth separate, break off and head lice and nits are bypassed as the comb is dragged through the hair

A metal NIT comb is recommended – The best nit combs have closely spaced metal teeth (about .15mm between teeth) that are about 1" to 1 ½" long. With a short-toothed comb, it is difficult to completely comb through most types of hair. The metal-toothed comb is more durable; the teeth won't spread, bend or break. The best metal combs have one side of the teeth beveled (on an angle). This allows you to place the teeth of the comb closer to the scalp each time you start to comb through the hair.

Removal of nits following treatment with a Head Lice product has not been proven to be necessary to prevent the spread of lice. However the use of a metal nit comb may be useful when following the Wet Combing treatment schedule.

ALTERNATIVE TREATMENTS

There is not enough scientific evidence to support the use of the following methods, therefore Rural Coastal Health does not recommend them as treatment options.

-Olive Oil -Mineral Oil -Vinegar -Mayonnaise -Melted Butter -Vaseline
-Robi Comb -Shaving Gel -Garlic -Enzyme Treatments

DANGEROUS AND UNDESIRABLE TREATMENTS/DO NOT USE

The following treatments are not safe or effective.

-Insect sprays (Raid) -Flea soap -Chinese chalk -Bleach -Heat Directly on the Scalp
-Oil (WD40) -Alcohol -Kerosene -Dyes -Gasoline

Essential Oils (Pine, Tea Tree, Thyme, Rosemary, Eucalyptus) are not recommended due to limited scientific evidence and possible toxicity concerns.

APPENDIX A: SAMPLE LETTER TO PARENTS (Head Lice in Classroom)

Dear Parent/Guardian:

Re: Head Lice in School

Head lice have been found on a student in your child's classroom. Head lice do not carry disease and do not have anything to do with cleanliness. The only harmful effect from head lice is the way children and adults react. Negative reactions to head lice can harm children's self-esteem and result in their isolation from others.

How to check your child's head on a regular basis:

STEP 1: Find a comfortable, well-lit spot

STEP 2: Check the hair from the scalp to the end of the hair strand. First, look at the hair at the back of the neck, behind the ears and above the forehead. Then, check the rest of the head.

STEP 3: You are looking for live lice and/or nits (eggs). Live or viable nits are attached to the hair very close to the scalp, within 6mm or ¼ inch. Nits that are more than 6 mm or ¼ inch away from the scalp are 'empty' egg shells. Nits are white to light brown in colour and may be confused with dandruff. Nits are firmly attached to the hair and do not move unless you pull them off the hair strand.

STEP 4: If you find a louse or viable nit, check all household members. *Treat only those who have lice or viable nits*, with a treatment from the pharmacists. Your child may return to school the next day after the first treatment. Repeat treatment in 7-10 days.

STEP 5: Let the school know if your child has head lice or nits.

Remember:

- Make weekly head checks part of your home routine.
- Scratching and itching of the scalp may be a sign of head lice (but not always).
- If your child has long hair, keep it tied back.

For further information about head lice please contact the school for a copy of the Recommended Head Lice Management document.

Sincerely,

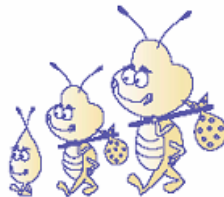
Principal

APPENDIX B: School Newsletter Insert about Head Lice

Head lice are common in school-aged children. Head lice do not cause disease. Itchiness from head lice can be irritating and uncomfortable for children. Head lice spread easily to others, so it is important for families to help prevent and control its spread. Outbreaks are more common following vacations.

If you would like more information on head lice and treatment, a parent information package “Recommended Head Lice Management” is available at your child’s school or from your Public Health Nurse at the Health Unit.

- Be aware of the symptoms of head lice and the treatment procedures.
- Check the heads of all family members every week. Increase this to daily head checks when there is a case of head lice in your child’s classroom, or one of the family members has been in contact with head lice.
- Treat the infested heads.
- Contact your Public Health Nurse for resources and further information when treatment has failed to rid your child’s head lice.
- Teach your children not to share hair accessories, combs or brushes with others.



EDUCATIONAL RESOURCES and REFERENCES

BC Health File: Head Lice Number 06 March 2007

<http://www.bchealthguide.org/healthfiles/httoc.stm>

Canadian Pediatric Society Head Lice Parent Handout

<http://www.cps.ca/caringforkids/whensick/headlice.htm>

Canadian Pediatric Society Position Statement

<http://www.cps.ca/english/statements/id/id04-02.htm>

American Academy of Pediatrics Clinical Report

Pediatrics Vol. 110 No.3 September 2002, pp.638-648

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;110/3/638>

Harvard School of Public Health: Head Lice Information by Richard Pollack

<http://www.hsph.harvard.edu/headlice.html>

RURAL COASTAL PUBLIC HEALTH NURSING CONTACT INFORMATION

POWELL RIVER COMMUNITY HEALTH

Ph: 604-485-3310
3rd Floor 5000 Joyce Avenue
Powell River BC
V8A 5R3

SECHELT COMMUNITY HEALTH

Ph: 604-885-5164
P.O. Box 1040
5571 Inlet Avenue
Sechelt BC
V0N 3A0

GIBSONS COMMUNITY HEALTH

Ph: 604-886-5600
P.O. Box 78
494 South Fletcher Rd
Gibsons BC
V0N 1V0

SQUAMISH COMMUNITY HEALTH

Ph: 604-892-2293
P.O. Box 220
1140 Hunter Place
Squamish BC
V8B 0A2

WHISTLER COMMUNITY HEALTH

Ph: 604-932-3202
202-4380 Lorimer Rd
Whistler BC
V0N 1B4

PEMBERTON HEALTH UNIT

Ph: 604-894-6367
P.O. Box 8
1403 Portage Road
Pemberton BC
V0N 2L0

