

# KENAI PENINSULA BOROUGH SCHOOL DISTRICT

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## SCHOOL BOARD COMMUNICATION

<b>Title:</b>	Pediculus Humanus Capitis (Lice)		
<b>Date:</b>	October 28, 2011	<b>Item Number:</b>	Worksession
<b>Administrator:</b>	Steve Atwater, Ph.D. Superintendent of Schools 		
<b>Attachments:</b>	Pediculosis Examination and Evaluation Lice Information and Detection-Elementary Grades Lice Information and Detection-Secondary Grades Directions for Head Lice Removal Head Lice Screening Prevention of Head Lice KPBSD Health Services/Head Lice Policy in Action		

Action Needed     For Discussion     Information     Other: \_\_\_\_\_

## BACKGROUND INFORMATION

Each year a few of our schools have several students sent home with Pediculus Humanus Capitis (Lice). This is an unfortunate event that tends to be consuming to one or more schools. It is common for students to have this problem for one to two months. This year we have had multiple students with head lice at K-Beach, Redoubt and Soldotna Elementary School. Because of the frustration at not getting rid of the problem, more than 100 parents have signed a petition requesting that we change our health policy for how to respond to this problem. KPBSD's Health Services Coordinator, Naomi Walsworth, will be present at the worksession to review this health policy and to respond to questions and or concerns.

## ADMINISTRATIVE RECOMMENDATION

## PEDICULOSIS EXAMINATION AND EVALUATION

### PURPOSE

To promote a healthy environment for learning by preventing the transmission of pediculosis among school age children.

### A. POLICY AND PROCEDURAL DETERMINANTS

KPBSD Health Services determines pediculosis policy and procedures from the following sources:

- KPBSD Policy BP 5141
- Current literature
- Past practice
- Local professional consult

### B. HISTORICAL PERSPECTIVE

Traditionally, “No Nits” has been the practice at all KPBSD schools. In the past, heads have been checked upon request (classroom or individual). Anyone found with nits was sent home immediately – with no distinction made between live nits, empty casings, etc. The nurse then recommended lice shampoos and provided parent education as to what to look for, how to pick out nits, etc. Students who were sent home with nits were required to be re-checked by the nurse or nurse designee prior to re-entry into the classroom. All nits were required to be removed prior to re-entry.

In 2006 and 2007, KPBSD school nurses met to discuss the recommendations of the National Association of School Nurses, and consider changing the existing pediculosis policy to support ASNA’s well researched position. NASN’s Position Statement does not support a ‘no nit’ policy due to lack of evidence for its effectiveness. NASN does not offer an alternate policy.

Following those meetings, a new “No Live Nit” policy for KPBSD relating to lice was put into effect.

In October 2010, KPBSD school nurses met again to discuss the recommendations of NASN regarding pediculosis. Following this meeting, KPBSD school nurses agreed to implement a “No Live Lice” policy.

### C. POLICY

1. No live lice will be allowed at school: no distinction is made between live nits, empty casings, etc. Use of a simple microscope will aid in the visualization/verification of live lice/bugs. **Only children with live head lice will be sent home.**
2. Classroom, parent, and community education on treatment and eradication of lice will be provided by the school nurse as requested– all treatment options are to be included.
3. Treated students may return to school provided no live lice are found and daily progress in removal of any remaining nits is occurring. Upon re-entry, the school nurse, building administrator or designee will be required to assess the child’s lice-free status. Nurse and/or administrator discretion may be used regarding the progress of treatment and exclusion of the student. The school nurse/administrator or designee will re-check status

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daily until nit free, and then recheck in one week. A minimum of nits should be present by the end of **one** week.

4. The NIT RATING SCALE will be used to determine progress toward the goal of nit free status. Again, a nit rating scale score of 1 or less should be present by the end of one week.

**NIT RATING SCALE**

0. No nits found.
1. Few nits found with thorough search of the whole head.
2. Scattered nits found with parting hair in three or more places.
3. Clumps of nits found with parting the hair in 1-2 places.
4. Multiple nits seen without having to part hair at all.
5. ¼ of all hair or more covered with nits.

If any live lice are found in the student's hair, the student will be sent home for treatment. The student may return after treatment providing **no live bugs** are found. Continued nit removal may occur for up to one week.

**D. HEALTH SERVICES PROCEDURE**

1. Upon notification of suspected head lice, the nurse or designee will:
  - a. Examine student's hair for presence or absence of lice or nits. Lice and nits (dirty-white to gray colored eggs attached to the hair shaft) are visible to the naked eye.
  - b. Interview student to determine "source" or exposure history. Case finding is the most important method of identifying "source" cases.

***NOTE: Head lice require one or more blood meals each day and cannot survive off their host for more than a day or so. Eggs of lice, under optimum conditions, hatch in 7 to 10 days and reach adult maturity in approximately 2-3 weeks (4/98 Harvard School of Public Health).***

2. If live lice/nits are found the nurse or designee will:
  - a. Inform parent or identified adult.
  - b. Instruct parent regarding exclusion policy for live lice and treatment options/requirements.
  - c. Provide parent with completed forms NP 302 and NP 303.
  - d. Examine each available sibling and identified school contact of the infected student for the presence of lice or nits. Notify other school nurses of siblings in their building(s).
  - e. If several students are excluded in a classroom: send home Form NP 304 or 305 with each student in the classroom.
  - f. Provide education and support for the student, family, and school community throughout the process.
  - g. Notify the classroom teacher, administrator and secretary regarding students excluded for head lice. Instruct regarding re-examination protocols as needed.

3. Return to School

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- a. Interview student to determine type of treatment used. Examine student's hair for presence of lice or nits. If no live lice, the student may return to class. Using the **NIT RATING SCALE**, score the affected person's hair. Score should improve daily in order to remain in school and have few to no nits (score 0 to 1) by the end of one week.
- b. Return to class if no live lice. Re-exclude if live lice/bugs present. Persistent failure at nit-removal may indicate the parent/guardian has not understood the steps necessary to eradicate pediculosis and a home visit may be indicated.

4. Cleaning Recommendations

- a. Lice are transmitted directly from person to person and indirectly by contact with items such as caps, combs, pillows, upholstery and linens. Lice do not jump from person to person or object to object. Lice require a host to continue to live and reproduce.
- b. Lice may be killed by exposure to high temperature, dry cleaning or isolation from human hosts for 2 weeks. The Center for Disease Control recommends the following:
  - Machine wash all washable clothing and bed linens used during the past two days using the hot water cycle (130 degrees F.) Machine dry on the hot cycle for at least 20 minutes.
  - Clothing, stuffed toys and other items not able to be washed as above should be ironed, dry cleaned or stored in a sealed plastic bag for 2 weeks.
  - Combs, brushes and hair accessories should be soaked in rubbing alcohol, Lysol<sup>TM</sup> or hot water (130 degrees F.) for 1 hour and then washed in warm, soapy water.
  - Carpets, upholstered furniture and car seats should be thoroughly vacuumed.
  - Pediculicidal sprays are not recommended for use.

5. Additional Information

- a. Head lice are a nuisance but **NOT** an emergency (NASN). In North America head lice are primarily a problematic annoyance. Infested children and adults may experience itching, lose sleep, and have a shortened attention span (Harvard School of Public Health).
- b. No single treatment for head lice is likely to succeed. Success most often comes from an integrated approach between several methods combined with perseverance (Harvard School of Public Health). Mechanical removal is the common denominator for success (National Pediculosis Assoc).
- c. Several effective OTC remedies are available at grocery stores and local pharmacies. These include but are not limited to RID, A-200, Triple X and NIX. Parents must be advised to read and follow the instructions printed on the package insert for effective treatment using these products. Be careful before trying 'alternative' treatments, like mayonnaise, vaseline, olive oil or Tea tree oil. Although they are 'natural' treatments, they are untested and have not been shown to be effective in research done by many respected universities and organizations.

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- d. A "fine tooth comb" can be effective in the removal of nits. Many flea combs made for cats and dogs are also effective in removing nits (Center for Disease Control).
- e. Viable nits are most generally found within 1/4" - 1" of the root of the hair shaft. There are many great pictures online.
- f. In the event all viable nits are not removed, new lice will hatch in 7 to 10 days and re-exclusion and treatment will be necessary.

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**LICE INFORMATION AND DETECTION**

An active case of head lice was found in your child's classroom today. Head lice are a common occurrence in classrooms around our nation and seem to be increasingly difficult to get rid of. The following information will help you know how to check for signs of infestation. Early detection and prompt treatment make the infestation easier to manage both at home and at school.

Head lice are insect parasites that feed several times a day on human blood (not pets) and lay their eggs (nits) on human scalp hair. A louse is about the size of a sesame seed and ranges in color from tan to grayish black. The louse cannot jump or fly, but is capable of crawling incredibly fast.

The female louse lives about 30 days and may deposit more than 100 nits (eggs) during her lifetime. Nits appear silver, white or light brown and are oval shaped. They are "cemented" to the hair shaft and most frequently found at the nape of the neck, behind the ears, and at the crown of the head. The nits hatch in 7-10 days and the louse becomes mature in 1-2 week.

**Anyone** is a potential candidate for lice. Lice can be transmitted ("caught") when young children put their heads together or share hats, combs, ribbons, clothing, towels, etc. It is also possible for upholstered surfaces like couches or car seats that have been recently occupied by someone with lice to harbor them.

Lice and/or their eggs (nits) can be seen upon close examination of the head of a person with lice. It is suggested that you follow the steps below every other day during the next two weeks and weekly thereafter throughout the lice season. If you think your child has lice please bring him/her in to the school nurse before using a lice shampoo. Unnecessary shampoo use is NOT recommended.

1. Using a strong light, first remove any tangles in the hair. Start behind one ear and work your way around the bottom of the head to the back of the other ear. Section off a very thin portion of hair and look near the scalp for any small white ovals attached to the hair shaft. It is easy to confuse hairspray droplets, skin castings and other similar looking items with nits. All except nits can be easily moved with pressure from the fingers. Nits cannot. Nits are strongly glued to the hair shaft and must be specifically picked off.
2. Repeat the above process for the top (crown) of the head.
3. Remind your child to not share combs, brushes, hats, coats and other items with his/her friends.
4. Call your school nurse with questions.

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**Anyone** is a potential candidate for lice. Lice can be transmitted ("caught") when people put their heads together or share hats, combs, clothing, towels, earphones, etc. It is also possible for upholstered surfaces like couches or car interiors that have been recently occupied by someone with lice to harbor them.

Lice and/or their eggs (nits) can be seen upon close examination of the head of a person with lice. It is suggested that you follow the steps below every other day during the next two weeks and weekly thereafter throughout the lice season. Please note that lice shampoo ingredients are not recommended to be used unnecessarily or often. Please use caution to first detect the actual presence of lice/nits prior to its use, and then use only according to the directions on the bottle.

1. Using a strong light, first remove any tangles in the hair. Start behind one ear and work your way around the bottom of the head to the back of the other ear. Section off a very thin portion of hair and look near the scalp for any small white ovals attached to the hair shaft. It is easy to confuse hairspray droplets, skin castings and other similar looking items with nits. All except nits can be easily moved with pressure from the fingers. Nits cannot. Nits are strongly glued to the hair shaft and must be specifically picked off.
2. Repeat the above process for the top (crown) of the head.
3. Remind your student not to share combs, brushes, hats, coats, headphones and other items with his/her friends.
4. Call your school nurse with questions.

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**DIRECTIONS FOR HEAD LICE REMOVAL**

**NOTE:** *The following treatment schedule is recommended at this time. Several optional/ alternative treatments are being tested. Feel free to use your school nurse as a resource for information regarding these.*

**1. Items Needed**

- **Lice Shampoo** (Over-The-Counter head lice shampoos include but are not limited to Rid, Triple X, A-200 Pyrinate; Organic products may include LiceFree, and Fairy Tales, among others.)
  - **Fine-toothed metal comb** (Sometimes combs come with shampoo, but may also be found in pet stores. Combs found in the grocery store aisle are not fine enough.)
2. Shampoo your child's head **exactly** as stated on the shampoo container. Some shampoo must be placed onto dry hair to be effective.

***DO NOT USE TRADITIONAL HEAD LICE SHAMPOO MORE OFTEN OR LONGER THAN SPECIFIED. THESE SHAMPOOS CONTAIN INGREDIENTS THAT HAVE BEEN KNOWN TO PRODUCE NEGATIVE SIDE EFFECTS. DO NOT USE WITH INFANTS.***

3. After using a regular comb to remove tangles, divide and fasten the wet hair into sections and work each section individually and thoroughly using the fine toothed comb. Be sure to start at the head and comb all the way to the end of each section of hair. Remove any lice, nits or debris from the comb after each pass. This lice/nit removal is the most important step in the whole treatment process. Take your time and be thorough. (Music, an audible story book, a video or other entertainment may help your child sit still.)
4. Machine wash all washable clothing and bedding from the past two days using the **HOT** setting (130 degrees F.). Be sure to include coats and hats. Machine dry on the hot cycle for at least 20 minutes.
5. Clothing, stuffed toys and other items not able to be washed as above should be ironed, dry cleaned or stored in a sealed plastic bag for 2 weeks.
6. Combs, brushes and hair accessories should be soaked in rubbing alcohol, Lysol\* or hot water (130 degrees F.) for 1 hour and then washed with warm soapy water.
7. Carpets, upholstered furniture, car seats, etc. should be thoroughly vacuumed. Pediculicidal sprays are NOT recommended for use.
8. A re-entry exam by the school nurse is required before returning to the classroom. Please bring your child into the school nurse's office after you have completed the treatment protocol.
9. In order to help your child return to class as quickly as possible please call if you have any questions.

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RN School Nurse

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**HEAD LICE SCREENING**

Date \_\_\_\_\_

To the Parent/Guardian of \_\_\_\_\_,

In a screening examination at school today, your child was found to have head lice. Head lice do not carry disease nor does their presence mean uncleanliness. Unfortunately, head lice are a nuisance as well as time consuming, and are very common among school age children.

In order to limit the spread of head lice, KPBSD policy states that children with live head lice will be excluded from school until no live lice are found. Please read the attached forms which will provide you with helpful information.

After your child has been treated for lice and you have removed/combed out any nits you have found, you must accompany your child to school for a re-entry exam by school personnel before readmission to the classroom. If nits are still present, the nurse/administrator/school staff member will use a Nit Rating Scale from 0 to 5. Hair must be inspected daily at school until a score of 0 is achieved. This should take one week or less, and remaining nits should decrease as you comb them out of your child's hair each day. Once your child's hair is free of both live lice and nits and a score of 0 is achieved, he/she will be checked again in one week, as that is approximately how long it takes for any missed eggs to hatch and a new crop of live lice to develop.

Please feel free to contact me if you have any questions or concerns, as I want to ensure that your child will be readmitted to school as quickly as possible.

Sincerely,

\_\_\_\_\_  
School Nurse

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## PREVENTION OF HEAD LICE

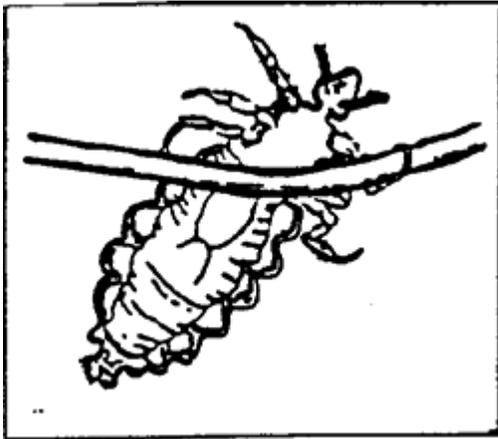
The winter months are known as "lice months". In order to prevent the spread of lice in our schools, the Kenai Peninsula Borough School District has a "No Live Lice" policy as recommended by the National Association of School Nurses and the CDC. This means that any person with live lice will be excluded from school until treatment has been completed and no live head lice remain.

Lice are spread by direct contact with an infected person or contact with items used by an infected person (i.e. hats, coats, combs, hair accessories, pillows, couches). While lice run incredibly fast they do not jump, fly or breed on household pets.

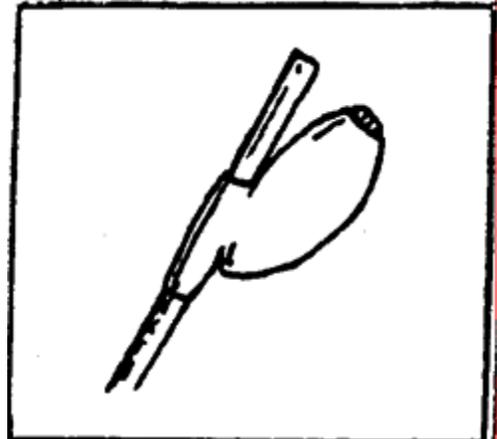
Lice do not pay attention to social status or degree of cleanliness. **Everyone** is a potential candidate for lice.

### For Prevention of Lice:

1. Advise your child not to share combs, barrettes, coats, hats and gloves.
2. Early detection is important. Examine your child's scalp every week during lice season to check for nits and lice. (One early sign is scratching the head more than normal.)
3. If you do find lice please don't keep it a secret! Let your school nurse know so she/he can check other students in the classroom.



LOUSE



NIT

To distinguish between hairspray droplets, skin casings, nits, and other similar looking items -- all except nits can be easily moved with pressure from the fingers. Nits cannot. Nits are strongly glued onto the hairshaft and must be specifically combed or picked off.

## KPBSD Health Services/Head Lice Policy in Action

1. Student scratches head or complains of irritation and a case of lice is suspected.
2. Nurse or school administrator is notified.
3. Student's hair is examined for presence or absence of lice or nits.
4. Student is interviewed to determine exposure history

### IF LIVE LICE FOUND

1. Parent/guardian is informed.
2. Exclusion policy and treatment options/requirements are discussed.
3. Parent/guardian receives form letters regarding Head Lice Screening and Directions for Head Lice Removal.
4. Siblings attending same school are examined; school nurses of siblings attending other KPBSD schools are notified to examine their heads.
5. IF SEVERAL students in one classroom are excluded, form sent home (Lice Information and Detection) with each student in the class.
6. Education and support for student, family, and school community is provided.
7. Only students with LIVE head lice will be sent home. They will not be allowed to return to school until they have completed treatment and lice/nit removal.

### RETURN TO SCHOOL AFTER TREATMENT/NIT REMOVAL

1. Student must have hair examined prior to returning to class. If any live lice present, student will be sent back home for further treatment /nit removal. Student may return to class if no live lice present.
2. If nits remain, nurse/admin designee will rate on scale to determine score. Score should improve daily in order to remain in school. Student should have few to no nits (score of 0-1) by the end of one week.

### TREATMENT RECOMMENDATIONS

1. No single treatment is likely to succeed. Success most often comes from an integrated approach between several methods combined with perseverance.
2. Aggressive combing/nit removal is the common denominator for success.
3. Over the counter remedies are available at grocery stores and local pharmacies. READ instructions carefully—do not use on your child if the product is not safe for children and do not use unless lice have been found in the child's hair. These products should not be used unnecessarily.
4. 'Alternative' treatments should be used with care as well, as they are often untested and shown to be less effective according to research by respected universities and organizations.
5. A fine-tooth metal comb is most effective in the removal of nits. Many flea combs made for cats and dogs work well.
6. Nits which may still hatch are generally found within ¼ to 1 inch of the root of the hair shaft. IF NOT REMOVED, these nits will hatch into a new batch of head lice in 7-10 days and re-exclusion and treatment will be necessary.