

## Clinical Guidelines For

### **Pediculosis**

Few conditions cause so much concern and anxiety in schools and homes as head lice infestations. Head lice are 2 to 4 mm. in length, wingless, gray-brown, hairy, flat, six-legged insects that are difficult to see because of their size and coloring. Eggs are laid by the adult female louse at a rate of 8 to 10 per day. They hatch in 7 to 10 days from a nit which is a grayish-white oval egg casing. The nit is firmly attached to the hair shaft near the scalp. Hatched or empty nits can be distinguished by their milky color and missing top.

#### CHARACTERISTICS

- Occur in all socioeconomic levels regardless of age, sex or standards of personal hygiene.
- Are dependent on human blood for nourishment and can live off host for only 48 hours.
- Do not jump, hop or fly.
- Do not transmit communicable diseases.
- Females are infested more frequently than males.
- Occurrence rates do not significantly differ between long and short hair.
- Occurrence rate is highest in elementary school children and special education classes.

#### SYMPTOMS

- Itching of the scalp, especially back of neck and behind ear, is caused by bite and blood sucking activity.
- Secondary excoriations, rash and enlarged cervical lymph nodes may be noted as a result of scratching to relieve itching.

#### MODE OF TRANSMISSION

- Direct contact (head to head with infested person)
- Indirect contact (using infested combs and brushes; wearing infested clothing, especially hats, scarves and coats; lying on infested carpets, beds or upholstered furniture)

#### SCREENING PROCEDURE

1. All elementary students are screened for pediculosis in September and again during their annual health appraisal. Secondary students are screened individually on request. When a case is found, all siblings, including those attending other schools, shall be examined. Any student with observable signs and symptoms may also be referred to the nurse to be checked. At anytime during the year, if two or more cases are found in the same classroom, the entire class should be checked.
2. Make sure the lighting in the room is bright but nonglaring. During mass screening, nurses will glove once (rather than changing gloves before examining each new student) and use plain applicator sticks. A new pair of sticks will be used for each child, disposing of sticks after use.
3. Care must be taken to preserve the dignity and privacy of all students during mass screenings. Students found to have pediculosis will be sent home at the end of the day with a letter to the parents informing them of proper treatment procedures and readmission criteria.

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### **Pediculosis** (continued from previous page)

4. Dumas ISD has a no-nit policy. Students may return to school after they have been treated with an effective pediculicide and all nits have been removed.
5. Students have a maximum of 2 calendar days to return. Absences in excess of 2 days will be unexcused. For students with frequent infestations, no more than 10 absences per year will be excused. If frequent infestations result in excessive absences, the school may choose to seek assistance from Child Protective Services or to institute judicial proceedings.
6. Students returning to school after treatment shall be examined by the nurse before they return to class and on a weekly basis for 3 weeks thereafter. If signs of reinfestation are noted, the child is excluded from school. School nurses shall take special care to review the correct treatment procedure with the parents.
7. Only school personnel with a need to know will be informed of pediculosis cases. This will include, but is not limited to, the classroom teacher, computer lab teacher, secretary and principal.
8. Every effort should be made to educate students and parents about head lice. Written information concerning the identification and treatment of head lice will be sent home with all kindergarten students at the beginning of each school year. Videotapes are also available which may be shown to individual classes.