

FACTS ABOUT HEAD LICE FOR TEACHERS/STAFF

It is the goal of the Syracuse City School District's Department of Health Services in working with students and staff regarding head lice to:

- 1) Increase the number of children ready to learn when entering school;
- 2) Improve the educational performance of all children;
- 3) Improve a child's mental and physical health;
- 4) Increase the number of children in a safe, stable, and nurturing home and community environment;
- 5) Avoid out-of-home placements when filing educational neglect because children are chronically absent due to head lice; and to
- 6) Educate parents that while head lice do not carry disease, children need to be treated to prevent further spread within the school.
- 7) Educate staff about head lice to minimize disruption to educational process, and to work with staff to develop management strategies for prevention and containment of head lice infection.

The New York State Education Department, the American Academy of Pediatrics, and Harvard School of Public Health do not support "no nit" policies that exclude students from school. No nit policies and practices keep the children out of their educational program needlessly.

Some facts about head lice:

- 1) Head lice are tiny wingless insects that live in human hair. They hatch from small eggs, called nits, which are attached to the base of individual hairs. The nits hatch in ten days and reach maturity in about two weeks. As the louse feeds on its host, it injects saliva into the wound resulting in local irritation and itching. Often a child has been infected for several weeks before becoming symptomatic.
- 2) Lice do not cause disease.
- 3) Students have had lice for up to two weeks before becoming symptomatic.
- 4) In their early stages, lice are very difficult to see. Often, their eggs (or "nits") are easier to see and appear as small specks on individual hair shafts.
- 5) Lice come from a family of parasites that must stay on their host to survive. If they are off the body from two to five days, they die.
- 6) Direct head-to-head contact is by far the most common means of transmission. They do not have body structures like wings or musculature necessary for flying or jumping. Head lice do have six short legs that enable them to crawl very quickly.
- 7) There is no scientific research that finds inanimate objects (rugs, toy, stuffed animals, school buses, backpacks) to be the source of head lice transference.
- 8) Lice can be found on persons of any age, race, sex, or socioeconomic class. Lice do not discriminate and actually prefer clean hair to dirty hair because it's easier for the egg to be cemented to the hair shaft.
- 9) Lice can infest people with any length of hair. Cutting or shaving the hair is not necessary. Shampooing the hair with medicated shampoo is necessary.

- 10) Dead nits can remain attached to the hair shaft for months because they are secured with a waterproof, cement like substance. Treatment is warranted only when active lice or viable eggs are present. No one should be treated “just in case”. This leads to potential resistance of head lice to chemicals in treatment but shampoos containing insecticides can be toxic and may cause real health problems.
- 11) Often, normal activities are disrupted because of excessive reaction to these insect pests.

Signs and symptoms of head lice:

- 1) Itching of skin where lice feed on the scalp or neck.
- 2) Nits may be glued to hair, commonly behind ears and at or near the nape of the neck.
- 3) Scratching, especially behind and around ears and at the nape of the neck.
- 4) Rash on neck, sores, or crusting from bacterial infection due to excessive scratching.

Incubation period: 6 to 10 days from laying to hatching of eggs.

Exclusion from the group setting: Yes, at the end of the school day.

- 1) Children with lice should be referred for treatment at the end of the day
- 2) Until the end of the day, avoid activity that involves the child in head-to-head contact with other children or sharing of head gear.

To prevent lice infestation:

- 1) Encourage children not to share headgear, towels, and bedding
- 2) Provide separate storage areas for each child’s clothing (widely placed hooks, individual plastic bags, etc..)
- 3) During nap time, placement of children alternating heads and feet.
- 4) Discourage ear whispering and huddling during organized activities.

During an outbreak of pediculosis: Classroom activities involving frequent body contact should be minimized, or temporarily suspended.

- 1) A practice of assigning hooks in cloakrooms should be initiated.
- 2) Hats are kept in coat sleeves or pockets
- 3) Separate clothes in plastic bags.
- 4) “Dress-up” activities should be temporarily discontinued.
- 5) Resting mats, towel, or pillows for younger children should be permanently assigned and kept separated.
- 6) Carpeted classrooms should be thoroughly vacuumed daily.
- 7) It is not advisable to fumigate schools or buses, and should not be allowed.
- 8) Consider assigned seating in buses temporarily.
- 9) Use belly hugs instead of head-to-head contact hugs.

* Adapted from American Academy of Pediatrics Guidelines, 2005 and NYS Education Department Control of Communicable Disease in the School Setting Guidelines, April 2005.

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