



Chapter 7: Infectious Diseases

7.5 Skin and Mucous Membrane Infections

7.5.8 Pediculosis Capitis (Head Lice)

Standard 7.5.8.1: Attendance of Children with Head Lice



Children should not be excluded immediately or sent home early from early care and education due to the presence of head lice (1). If head lice are present, children should avoid any head-to-head contact with other children and should avoid the sharing of any headgear while finishing out the day (2).

Parents/guardians of affected children should be notified and informed that their child must be treated before returning to the child care facility. Parents/guardians should be encouraged to follow Integrated Pest Management (IPM) best practices, which entails using the least hazardous means to control pests, including head lice. Pesticides (such as pediculicide, an agent used to destroy lice) are applied according to the manufacturer's instructions and in a manner that minimizes skin contact, and inhalation (3). In addition to treating the affected child with a pediculicide, machine wash and dry clothing, bed linens and other items that the infested child wore or used during the two days before the treatment with the pediculicide. Use the hot water (130 degrees F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry cleaned or seal these items in a plastic bag for two weeks. Soak combs and brushes in hot water (at least 130 degrees F) for 5-10 minutes. Vacuum the floor and furniture, particularly where the infested child sat or lay, recognizing that the risk of getting infested by a louse that fell onto a rug, carpet or furniture is very low (3).

Children and staff who have been in close contact with an affected child should be examined and treated if infested, defined as the presence of adult lice or nits (eggs) on a hair shaft within three to four millimeters from the scalp. Do not use fumigant sprays; they can be toxic if inhaled or absorbed through the skin (3).

RATIONALE:

Head lice infestation in children attending child care is common and is NOT a sign of poor hygiene. Transmission occurs by direct contact with hair of infested people and less commonly by direct contact with personal items of infested people. Head lice survive less than one to two days if they fall off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the same temperature as that found close to the human scalp. Head lice are not responsible for the spread of any disease, only the discomfort of infestations. The institution of "no-nit" policies before permitting return of an infested child to child care or school are not effective in controlling transmission (1,3).

Child care programs should not institute a "no-nit" policy.

COMMENTS:

Treatments for head lice generally are safe and effective when used as directed. Some treatments may cause an itching or a burning sensation of the scalp. Most products used to treat head lice are pesticides that can be absorbed through the skin. Therefore, all medicines used for treatment of lice should be used with care and only as directed. Although not medically necessary, removal of nits that are attached within one centimeter of



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the base of the hair shaft may be manually performed (1). Removing the nits may help in situations where outbreaks are occurring in the group to determine whether a child who has been treated became reinfested after treatment or merely has residual non-viable nits. Utilize your child care health consultant to help with this issue. In addition, the following resources may be useful to help with education and information about treatment from the CDC, AAP and the California Child Care Program:

<http://www.cdc.gov/parasites/lice/head/treatment.html>,

<http://www.healthychildren.org/English/health-issues/conditions/from-insects-animals/Pages/Signs-of-Lice.aspx>

and http://cchp.ucsf.edu/sites/cchp.ucsf.edu/files/HeadLice_FCCH_IPM.pdf.

TYPE OF FACILITY:

Small Family Child Care Home, Center, Large Family Child Care Home

RELATED STANDARDS:

[3.6.1.1](#) Inclusion/Exclusion/Dismissal of Children

[5.2.8.1](#) Integrated Pest Management

[5.4.5.1](#) Sleeping Equipment and Supplies

[6.4.2.2](#) Helmets

REFERENCES:

1. U.S. Centers for Disease Control and Prevention. 2015. Head lice information for schools. <http://www.cdc.gov/parasites/lice/head/schools.html>.
2. Aronson, S. S., T. R. Shope, eds. 2017. Managing infectious diseases in child care and schools: A quick reference guide, 4th Edition. Elk Grove Village, IL: American Academy of Pediatrics.
3. U.S. Centers for Disease Control and Prevention. 2015. Parasites - lice - head lice. Treatment. <http://www.cdc.gov/parasites/lice/head/treatment.html>.
4. American Academy of Pediatrics, Council on School Health, Council on Infectious Diseases. 2015: Head lice. *Pediatrics* 135(5):<http://pediatrics.aappublications.org/content/135/5/e1355>.

NOTES:

Content in the STANDARD was modified on 8/25/2016.