



Health Services Newsletter

MANAGING HEAD LICE

Head lice are a common concern in Head Start and Early Head Start programs. It is estimated 6 to 12 million infestations occur each year in the United States among children 3 to 11 years of age¹. Head lice are insects that are less than 1/8th inch long. They live on blood they draw from the scalp. Lice move by crawling. They do not hop or fly. The most common place to detect them is at the base of the hair at the nape of the neck. Adult lice lay gray/white eggs, called nits. They attach these eggs very tightly to the hair no more than 1/4 inch from the scalp. Nits do not shake or blow off the hair. The lice in the eggs and the adult insects cannot live for more than 48 hours away from the warmth of the scalp. Lice move from one individual to another most easily by head to head contact. Spread by contact with inanimate objects and personal belongings may occur but is very uncommon.

Lice bites cause itching of the scalp. So a common symptom is scratching the scalp, especially around the ears and where the hair meets the neck. Sometimes, the scratching makes open sores. It is easy to confuse nits with dandruff, scabs, or hair spray droplets. If it is unclear whether a child has lice, refer a child to his or her medical home for diagnosis and treatment recommendations. The treatment of lice involves applying pesticides to the hair. Over the counter treatments are available. Families should not overuse or use these treatments unnecessarily. None of the remedies with common household products such as salad oils, mayonnaise, and petroleum jelly have been proven to work. Staff should encourage families to check with their pediatrician for appropriate treatment options.

The **impact of absenteeism** far outweighs the risks associated with head lice. For this reason, both the American Academy of Pediatrics and the National Association of School Nurses advocate that early childhood programs discontinue “no-nit” (eggs) policies. Instead the child can stay in the program until the end of the day and avoid activity that involves head to head contact with other children. A child can return to the program after treatment has begun.



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Signs & Symptoms

- **Itchy scalp.** Some people scratch so much that the scalp—and sometimes the back of the neck—become red and irritated. An itchy scalp is the most obvious symptom of head lice, but more common things like dandruff and eczema also can make the scalp itch. You can also have head lice and not itch.
- **Crawling sensation.** People often feel something crawling on the hair or scalp.
- **Seeing bugs.** They look like light-brown sesame seeds crawling on the hair, skin, or clothing.
- **Finding nits** (lice eggs). The eggs are yellow, brown, or tan. They are firmly attached to the hair. If the eggs have hatched, you may see clear shells.
- **Swollen lymph nodes** in the neck.

MANAGING HEAD LICE (CONT)

Mechanical removal of the lice and nits by combing them out of wet hair with a special fine-tooth comb may have some benefit compared with no treatment. This combing is very time-consuming, it is harmless and does not remove and damage live lice. It is unknown whether combing improves treatment success rates if the child is already receiving a chemical treatment at the same time. Once the hair is more than about ¼ of an inch from the scalp, the nits have no live lice in them. Health managers can partner with program health consultants and staff to implement appropriate policies and engage families in adequate treatment options.

As more research and studies have emerged, so has the treatment and management of lice. Your program can create science-informed approaches to managing outbreaks in early childhood settings, and supporting families and staff in respectful and appropriate ways.

PREPARING YOUR PROGRAM

There are many things programs may already do to reduce the likelihood of spread of lice. Consider whether your program uses any of the following strategies:

- Align exclusion policies with best practices. The American Academy of Pediatrics' science-informed recommendations indicate that when staff note concerns about lice, the child can stay in the program until the end of the day and avoid activity that involves "head to head contact with other children or sharing of head gear." (MID p. 113&114.3) Further, a child can return to the program after treatment has begun.
- Work with your HSAC to identify and support access to best treatments for lice. This may include identifying, obtaining, and distributing appropriate shampoos or combs.
- Create policies and procedures regarding children's personal belongings, bedding and shared materials (headgear/helmets/dress up). Cleaning, sanitizing and disinfecting policies should include specific guidelines for items that children put on their head and places where head to head contact occurs (such as cozy corner pillow, cots, etc.). Although lice are rarely transmitted through clothing or bedding, programs can launder articles that were in contact with someone who has lice, exposing these articles to temperatures greater than 128.3 degrees F (53.5 degrees C) and then drying them in a dryer on the hot setting. Lice do not live long if they are not able to get a blood meal. They prefer to stay close to the warmth of the scalp. Floors, carpets mattresses and furniture can be vacuumed. Use of chemicals on these surfaces is not necessary. Staff can seal toys or fabrics that cannot be laundered in a plastic bag for 1-2 weeks if there is concern about lice having crawled from an infected person onto them. Nits that are away from the scalp can only hatch in a warm environment².
- Do not use toxic chemicals as liquids, sprays, or fogs in the areas that children and adults will occupy. They are not necessary to control lice and can cause harm.
- Educate staff regarding the signs and symptoms of lice and appropriate control and treatment measures. Engage your HSAC members for training opportunities.
- Use the daily health check to stay alert for signs and symptoms of lice. Staff already observe children's health and demeanor during the daily health check at the beginning of each day. Staff should contact a family to share their concerns or inform the family about lice, and support the family to follow up with the child's medical home. The daily health check can also become a tool to determine if any other children also have lice.



ENGAGING FAMILIES

If you suspect a child has live lice or nits, try the three E's: engage, empathize, and educate the family.

Engage: Review your program's lice policies and procedures to make sure they include protocols for contacting families quickly while maintaining their confidentiality. When notifying family members, as in all health conversations, find a way to have a personal, private conversation.

Hearing their child has lice can be upsetting for many families. It may help to tell them that getting lice is a common childhood experience, and is not a reflection of their caregiving. In addition, while lice often create an uncomfortable symptom – itching, they don't cause disease. They are just a nuisance, and will require a little extra work to get rid of them. Helping families know there are remedies can help them feel less worried and make it easier for them to comfort their child while giving the recommended treatment.

Other staff such as a home visitor or family service worker can provide in-person support to families, particularly if continued infestation occurs. A family may feel more comfortable talking about sensitive topics with a staff member with whom they have a personal relationship. This staff person can ensure the family understands and is following the instructions they received.

Empathize: It is important to empathize with a family's reaction and any concerns they may identify. There are many stigmas associated with lice. Listen respectfully, and consider asking the family's permission to share some information about lice other families have found useful so they know this issue is not unique to their family. Be sure to explain your program performs a daily wellness check with all the children and not just their child, so they understand that this is part of the normal routine. Helping families feel supported and understood will help you develop a collaborative discussion about what to do and how you can support them and their child.

Common Lice Myths

- Lice cannot hop or fly. Instead, they spread by direct contact with the hair of an infested person. It is much less common for lice to spread by contact with clothing such as hats, scarves, coats, or other personal items such as combs, brushes, or towels.
- While head lice can be a nuisance, they do not spread disease, and are not caused by lack of personal hygiene.



Egg
Photo CDC



Nymph
Photo CDC

Should all families in the program be notified if one child has been identified with head lice?

It may be helpful to notify families if the program experiences a child with lice. It is important to respect the confidentiality of the child or children who are infested. You may want to include a recommendation in your lice policy and procedures that allows you to take preventive actions when you have a confirmed case of lice. For example, consider statements such as, “A case of head lice has been detected in the program. Please check your child’s scalp and let us know right away if you think your child may have lice so we can work together to limit the spread to other children.” Offer educational information and support. Provide each family with a lice handout so they know what to do and get in the habit of routinely checking their child.

ENGAGING FAMILIES (CONT)

Educate: As a health manager, you educate families about your program requirements including what to do if a child gets head lice. If you choose to offer a [handout](#) or other printed materials, make sure the language and reading level are appropriate for the families you serve. Sharing low literacy educational materials at the first sign of an infestation, explaining that lice occur commonly among young children, can reduce anxiety and stigma. Additionally, review the information with each family to see if they have any questions or concerns. You can also engage a member of your Health Services Advisory Committee to periodically review these handouts or provide direct educational activities for families.

Make sure all families know that if their child has lice, they should:

1. Call their medical home to confirm diagnosis and ask about treatment recommendations.
2. Use the recommended treatment by their healthcare provider and follow the instructions exactly as written.
3. Follow the program’s policy for lice.
4. Clean any personal articles worn in the past 2 days in hot water and dry in a hot dryer. Remind families it is not likely lice will be spread through contact with these items but it can remove already dead or kill live lice and nits.
5. Continue to check their child’s hair even after the nits and lice are gone since children may experience repeat infestations.
6. If live lice or nits are found on a child’s head, examine all family members for lice and nits every 2–3 days. Persons with live lice or nits within ¼ inch or less of the scalp should be treated. Remember nits/eggs often are not killed with the shampoo and can hatch up to two weeks later. Checking family members periodically for two weeks is a good idea.
7. Limit their child’s head-to-head contact with others.

TALKING WITH THE MEDICAL HOME ABOUT LICE

The most effective way to treat head lice is with head lice medicine. However, head lice medicine should only be used when it is certain that a child has head lice. Before [treating](#) young children, encourage families to talk with the child’s medical home for adequate diagnosis and recommended treatments based on a child’s age and weight and on what chemicals work best in the child’s community. “The ideal treatment should be safe, free of toxic chemicals, readily available without a prescription, easy to use, effective, and inexpensive.”² Lice can become resistant to certain treatments.

The most common method for treating head lice is to use an over-the-counter preparation that contains the pediculicides [permethrin](#) or [pyrethrin](#) and follow the instructions carefully. This may include manual removal of the lice and nits. Since these products don’t kill all the eggs or nits, re-treatment is often recommended in seven to nine days. Healthcare providers can provide further advice for families who have concerns about using these products.

[Manual removal](#) is a non-pesticide method that reduces the population of lice by combing out the nits and lice with a very fine comb. These specialized combs are used to detach nits that have tightly glued themselves to the hair shaft. It involves combing out small amounts of hair at a time. This can be a tedious process but provides the opportunity to observe the child for re-infestation.

RESOURCES

Resources on ECKLC

[Is it necessary to send all children home and sanitize the center and bus if a child has head lice?](#)

Other Resources

[Healthychildren.org](http://www.healthychildren.org)

[Centers for Disease Control and Prevention](#)

[Healthy Childcare US Environmental Protection Agency](#)

[Headlice.org](http://www.headlice.org)

[American Academy of Dermatology \[http://eclkc.ohs.acf.hhs.gov/hslc/standards/pc/b_pc.htm\]\(http://eclkc.ohs.acf.hhs.gov/hslc/standards/pc/b_pc.htm\)](http://eclkc.ohs.acf.hhs.gov/hslc/standards/pc/b_pc.htm)

[US Food & Drug Information: Consumer Update Treating Head Lice](#)

Fostering a culture of health and wellness for Head Start children, families, and staff.

NATIONAL CENTER ON HEALTH

Our Goal:

To help Head Start and Early Head Start programs implement best practices and effective approaches within medical and dental care access, health awareness, healthy active living, emergency preparedness, and environmental safety to support healthy outcomes and school readiness for young children and their families.

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School readiness begins with health!