



Book	Administrative Guideline Manual
Section	8000 Operations
Title	PEDICULOSIS (HEAD LICE)
Code	ag8450A
Status	Active
Adopted	September 18, 2017

#### 8450A - **PEDICULOSIS (HEAD LICE)**

Whenever a student is found to be infested with head lice, s/he is to be sent home for treatment or s/he may remain in school until the end of the school day but shall be restricted from activities involving close head-to-head contact or sharing personal items with other children.

The student may not be readmitted to school until the parent completes Form 8450A F3 and, upon examination by the school, no live lice are found. If a student has no live lice, but has nits closer than one quarter inch from the scalp, s/he shall be re-checked for lice and nits on each school day until no live lice and no nits within one quarter inch of the scalp are found.

The necessary at home treatment for lice is contained in Form 8450A F1. Form 8450A F1 and the cover letter (Form 8450A F2) shall be provided to the parents/legal guardians of the student.

In situations involving continued active infestation after appropriate treatment, persistent infestation after six (6) consecutive weeks, or three (3) separate cases within one (1) school year, a multidisciplinary group consisting of parents, teachers, administrators, social workers, school nurse and/or other appropriate persons will convene to determine the best approach to address the situation.

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## TREATMENT OF HEAD LICE

The following is a suggested procedure you may wish to confirm with your physician or local health department prior to use.

### A. ***Treatment of the Child***

1. Choose an appropriate head louse treatment. There are medicated liquids (pediculicides) available for head lice available by prescription only. There is no published evidence to indicate that one (1) product is superior to the others. Parents need to consult their physician regarding such products. Many of these shampoos are insecticides and should be used with caution, especially on children and by pregnant or nursing women. If your child has allergies or asthma, please consult with his/her physician. Head louse treatments may be found at area drug stores or grocery stores. Prescription treatments are also available from your physician or local health department.
2. Remove all your child's clothing and place him/her in a bath or shower stall and place the clothing in a plastic bag.
3. Apply head louse treatment according to your physician's instructions or label instructions provided by the drug manufacturer. It is very important that you follow the label directions on the product exactly. If the package directions indicate, apply a second treatment ten (10) days later to kill lice that hatch after the initial treatment. If the label does not provide for a second treatment, repeat the treatment nine (9) days following the initial treatment if live lice or nits within one quarter (1/4) inch of the scalp are found. **Do not over apply.**

Malathion (Ovide) should be used with extreme caution and Lindane is not recommended by the Michigan Department of Public Health.

Never use any volatile, synthetic pyrethroid or lindane or malathion shampoos on your child.

4. Do not apply any household insecticide or other chemicals not specifically labeled for treating head lice on people. Toxic or flammable substances, particularly when used with hair dryers, may cause injuries or death. Because it is easy to burn the hair and the scalp, this method should not be used.
5. Have your child put on clean clothing after treatment.
6. All family members and close friends of your child should be examined. Family members who have evidence of infestation (crawling forms or nits) within a quarter (1/4) inch of the scalp should be treated. Anyone who shares a bed with a known infested child should be treated, whether or not there is evidence of infestation at the time of the examination.

**B. Decontamination of Personal Articles and Environment**

Since heat is lethal to lice and their eggs, many personal articles can be disinfested by machine washing in hot water and/or drying using the hot cycle of the dryer. Eggs are killed in five (5) minutes at 51.5°C/125°F, and crawling forms succumb to slightly lower temperatures. Home hot water heaters keep water at about 60°C/140°F when the heat selector is set on medium or high. However, some water heaters are not able to sustain the 60°C/140°F water temperature when several loads of laundry are processed one after the other or when other demands for hot water (bathing) are made simultaneously. To maintain the water at 60°C/140°F or higher, allow time between loads of laundry or baths for the water heater to regain its maximum water temperature. If total reliance is placed in the clothes dryer for disinfestation, dry articles for at least thirty (30) minutes at the high heat setting. Some nonwashable articles may be disinfested in the dryer provided that the heat will not harm them.

1. Machine-wash-all washable clothing and bed linens that have been in contact with your child within the previous three (3) days.
2. Personal articles of clothing or bedding that can not be washed or dried may be dry cleaned or simply left in a plastic bag and sealed for a period of two (2) weeks.
3. Combs, brushes, and similar items can be disinfested by soaking them in one of the pediculicide liquids for one (1) hour or by soaking them in a pan of water heated on the stove to about 150°F for five (5) - ten (10) minutes (caution: heat may damage some combs and brushes).
4. Floors, carpets, upholstered furniture, pillows and mattresses should be vacuumed to pick up any hairs that may have living lice or nits attached.
5. Using household insecticides to treat the home, vehicles, carpets or furniture will unnecessarily expose your household to harmful chemicals. Consult with your doctor or the public health department for recommended treatments to disinfect these areas.

**C. Notification of Other Parents**

Parents of your child's closest friend(s) should be notified that their child may also be infested since the children play together. This is particularly important if the children have had head-to-head contact, such as if they slept together or participated in activities involving frequent body contact such as wrestling, ballet classes, football, etc.

D. ***Returning to School***

Your child may return to school when you complete Form 8450A F3 and, upon examination by the school, no live lice are found. If your child has no live lice, but has nits closer than one quarter (1/4) inch from the scalp, s/he shall be re-checked for lice and nits on each school day until no live lice and no nits within one quarter (1/4) inch of the scalp are found.

For detailed information on treatment on head lice, see the Michigan Lice Head Manual, a comprehensive guide to identify, treat, manage and prevent head lice, August 2013, at:

[http://www.michigan.gov/documents/Final\\_Michigan\\_Head\\_Lice\\_Manual\\_106828\\_7.pdf](http://www.michigan.gov/documents/Final_Michigan_Head_Lice_Manual_106828_7.pdf)

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ADVISORY TO PARENTS

Dear Parent or Guardian:

The \_\_\_\_\_ school/day-care center utilizes an Integrated Pest Management (IPM) approach to control pests. IPM is a pest management system that utilizes all suitable techniques in a total pest management system with the intent of preventing pests from reaching unacceptable levels or to reduce an existing population to an acceptable level. Pest management techniques emphasize pest exclusion and biological controls. However, as with most pest control programs, chemical controls may also be utilized.

You have the right to be informed prior to any application of an insecticide, fungicide or herbicide made to the school grounds or buildings during this school year. In certain emergencies, such as an infestation of stinging insects, pesticides may be applied without prior notice to prevent injury to students, but you will be notified following any such application. If you need prior notification, please complete the information below and submit it to:

(ENTER SCHOOL NAME, ADDRESS, CONTACT PERSON AND PHONE NUMBER HERE)

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**PRIOR NOTIFICATION REQUEST**

PARENT NAME \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, ZIP \_\_\_\_\_

DAY PHONE NUMBER \_\_\_\_\_

EVENING PHONE NUMBER \_\_\_\_\_

Please Check One:

I wish to be notified prior to a scheduled pesticide application inside of the school building.

I wish to be notified prior to a scheduled pesticide application on the outside grounds of the school building.

Both of the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTIFICATION OF HEAD LICE**

Dear Parent:

Your child has been sent home today because s/he was found to have head lice. This is an easily-treated condition that is generally not associated with any serious complications, but is highly contagious.

To prevent the spread of head lice, it is important to treat your child today after school. We have included a document that provides you with information on how to treat head lice as well as information on when your child may return to school. Form 8450A F1. Also, remember to check everyone in the household and treat anyone that has live head lice or nits within one quarter (1/4) inch of the scalp. You should check your student and others in the household for two (2) to three (3) weeks following any treatment. A second treatment may be required seven (7) to ten (10) days after the first treatment to kill any lice that may have hatched after the first treatment.

Head lice are usually transmitted through:

- A. close personal contact with another person who is infested with the lice or through the use of shared combs, brushes, and other grooming aids, or
- B. sharing caps, hats, or coats or co-mingling of such items at homes of friends, at school or church, or at other places.

Many parents have the impression that a person becomes infested with head lice because s/he is unclean. This is NOT TRUE. Frequent bathing neither prevents head lice nor eliminates the infestation.

Head lice are elongated insects about (--) long and range in color from red to brown, yellow, tan, gray, white or black. They do not have wings nor can they jump. They do move very quickly which can make it difficult to find in a child's hair. Because they can be so hard to see, the diagnosis of head lice is often made by examining the scalp for NITS. A nit is the louse egg. It is tear-shaped, about (/) in size, and varies in color from white to yellowish-brown. Head lice attach each nit to a hair shaft in a water-proof, cement-like substance. This means they cannot be washed or brushed out of the hair or scalp like dandruff and other such particles that sometimes look like nits to the naked eye. Clusters of nits may be found in any section of the hair so a careful examination should be made of the entire scalp. Combing the hair when wet with a lice comb is a good way to find evidence of lice and remove nits.

Please carefully review Form 8450A F1, which describes the necessary treatment. We have also enclosed a treatment verification form which must be completed and returned with your child to the school office. Your child's hair will be re-examined by designated school personnel prior to returning to class. If you have any questions, please call the school office as soon as possible. You may wish to consult with your physician or the local health department concerning the treatment.

Thank you for your attention to this matter.

Sincerely,

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Principal or School Nurse

8/1/17

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PEDICULOSIS (Head Lice) TREATMENT FORM

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
Name of School

This is to notify you that \_\_\_\_\_ (child) has been treated  
\_\_\_\_\_ (what was done) on  
\_\_\_\_\_ (date) and I have begun to remove nits and to do the necessary treatment  
of the home environment.

\_\_\_\_\_  
Signature of Parent

Parent should accompany their child on the day s/he returns to school.