



TULSA PUBLIC SCHOOLS

**HEALTH SERVICES**

**PEDICULOSIS (HEAD LICE) PROTOCOL**

Head lice, *Pediculus humanus capitis*, have been a health problem since the beginning of recorded time. They can be found on persons of any age, race, sex, or socioeconomic class. They are not an indication of insufficient hygiene or poor living conditions. They are not found on domestic pets, and differ from body lice and pubic lice. They do not jump or fly. They crawl from one person to another or use an object as a transmission vehicle.

In conjunction with the Oklahoma State Department of Health, Tulsa Public Schools has adopted the following Pediculosis (head lice) Protocol focusing on prevention and thorough treatment of identified cases. The protocol is as follows:

**Screenings:**

- A. All students are screened at the Elementary Schools at the start of the school year, after Christmas, and Spring break. Screenings should be completed by the third (3<sup>rd</sup>) week. They are also conducted as needed or upon request.
- B. Middle and High Schools should screen on an as needed basis.
- C. Classrooms are screened when a case is identified. Siblings and other students residing in the residence of an affected student are also screened, regardless of the TPS school site. If affected, their classrooms are checked.
- D. Health personnel and designated staff must conduct screenings under the appropriate lighting and must either wash their hands/gloves or change gloves between each student.

## ADMINISTRATION RESPONSIBILITY

1. Site administrator ensures at least one (1) staff member is trained to assist with head lice checks (other than health personnel). The site administrator may wish to consider training more than one (1) staff member to ensure availability on the day assistance is needed.
2. With assistance of health personnel, educate the staff about the protocol and how to enforce it.
3. Announce regularly scheduled head lice screening dates and send reminders home.
4. Promptly inform parent, legal guardian, or person responsible for student's care, when their child has been found to have head lice. ***If a significant number of students, in the same class, are found to have head lice, consider informing the parent, legal guardian, or person responsible for student's care of all students in the class. Recommend they check their child periodically. At no time should the identity of the affected students be shared.***
5. Work with PTA to set aside funds for supplies (access through Health Services).
6. The facilities provided for storage of personal items are sufficient to prevent the transmission of lice between personal items (12-18 inches apart).
7. Ensure floors and upholstered furniture are vacuumed daily.
8. Ensure upon return to school, students (accompanied by responsible adult) initially return to the clinic for recheck. Students are not admitted to class without clearance by health personnel or designated staff.
9. Students are given a two (2) day excused absence.

## TEACHERS

1. Ensure coats are hung separately and spaced so they do not touch (12-18 inches apart).
2. Make sure hats, mittens, scarves, etc., are tucked into coat sleeves.
3. Each child should have his or her own storage place for mats, towels, or other items brought from home.
4. Carpeted floors and upholstered furniture must be vacuumed daily.
5. "Dress-up" corners, shared smocks, hats, etc., can facilitate the spread of lice and should be limited.
6. Incorporate educational material about head lice prevention into lesson plans as appropriate. Contact school nurse for assistance.
7. Refer suspected cases to health personnel or designated staff.

## PARENT, LEGAL GUARDIAN, OR PERSON RESPONSIBLE FOR STUDENT'S CARE

### 1. General

- A. Educate self about the life cycle of head lice, the modes of transmission, and the signs and symptoms of head lice infestation.
- B. Educate the child about head lice. Teach children not to share combs, hats, or clothing with other children.
- C. Include head checks as part of a weekly hygiene program.
- D. Administer the appropriate medical treatment to eliminate head lice from their child. Since no treatment is 100% effective in killing lice and nits, remove all remaining lice and nits manually following treatment. Special nit combs help removal of nits.
- E. Contact the school if their child is diagnosed with head lice.
- F. Adhere to the school's guidelines regarding head lice control.
- G. Work with the school to provide separate places to store personal items including coats, hats, pillows, etc.
- H. Support the PTA/PTO or other organizations working to reduce the burden of head lice in the community.
- I. Read enclosed insert directions of product before initiating treatment.
- J. Remove clothing of child, and provide them with a towel to protect their face and eyes.
- K. Have the child lean over a sink; do not use treatment in the shower or bathtub.
- L. Apply treatment to the hair and scalp, following insert instructions. **Do not dilute the treatment.** If possible, wear plastic or rubber gloves to limit your exposure to the chemicals, especially when treating multiple children.
- M. After treatment, wash with regular shampoo.

### 2. Nit Removal

- A. While hair is wet, separate into section.
- B. Comb through the hair, and remove all nits with a lice comb or fingernails. Soaking the hair for 30 to 60 minutes by wrapping the hair in a towel soaked with white vinegar (3%-5% acetic acid) may be helpful in dislodging the nits from the hair shaft.
- C. Rinse hair and scalp with running water. Allow hair to air dry.
- D. Once hair is dry, recheck entire head and remove any remaining nits.
- E. Allow the child to put on clean clothes.

### 3. Follow-Up

- A. Examine all other family members and treat those that are infested with head Lice. Recommend methods to safely remove nits at the same time. **Treat family members only if there are signs of infestation.**
- B. Do daily head checks for the next 10 days, and remove any nits or lice found.
- C. If no nits or lice are found on days 7-10, a second treatment with a lice killing product is not necessary. If lice or nits are still present on or after day seven, consider a second treatment, following the steps outlined above.
- D. After the child is free of lice and nits for 10 days, continue head checks as a part of routine hygiene.

#### Treating The Environment

- A. Machine-wash (on the hot cycle, at least 130 degrees F) all bed linens and clothing that have been in contact with the infested person within the last three days.
- B. Use a hot dryer setting to dry clothes.
- C. Non-washables can be vacuumed, dry-cleaned, or placed in plastic bags for two (2) weeks.
- D. Soak brushes and combs in a mild bleach solution (one tablespoon of bleach per quart of cool water) or place in hot (130 degrees F) water for 5-10 minutes. Also clean headphones, curlers, etc., with same solution.
- E. Vacuum carpet, upholstered furniture, mattresses, box springs, and car seats. Immediately remove and dispose of vacuum bag outside.
- F. If there are items which cannot be washed, vacuumed, or dry cleaned, items can be “bagged” in plastic garbage bags for a period of two (2) weeks. Lice and nits cannot survive off the human body for this length of time without a blood meal.

## **HEALTH PERSONNEL OR DESIGNATED STAFF**

1. Wash hands/gloves or change gloves between each student head check.
2. Follow screening guidelines.
3. Contact parent, legal guardian, or person responsible for student's care immediately. Advise them to pick up student. Delays in pick-up should be discussed with site administrator.
4. Offer educational materials and health conference to families as needed. School nurse (by Board Policy) can also offer to conduct a home visit to assess environmental needs and develop strategies. An individualized health plan (IHP) should also be written by the school nurse as needed.

Discuss with family the CDD precautions and additional precautions that follow in this document.

Inform of assistance with head lice shampoo by Health Services.

Document all interventions.

Upon return to school and prior to returning to class, all students must obtain clearance from health personnel or designated staff. The student must be accompanied by the parent, legal guardian, or person responsible for student's care.

School nurse conducts training sessions for designated staff and assists with classroom discussions and staff meetings upon request.

## **PEDICULOSIS FACTS**

1. Incubation period - 1-3 weeks.
2. Period of communicability - as long as lice or eggs remain on the infected person.
3. Mode of transmission - by direct contact with infected person or personal items, such as hats, clothes, combs, etc.

## **COMMUNICABLE DISEASE DIVISION PRECAUTIONS**

The CDD strongly discourages the use of any non-FDA-approved products to treat head lice including:

1. Mayonnaise, or any other type of oil based treatment.
2. Gasoline, kerosene, or any other petroleum-based oil.
3. Wrapping the head in saran wrap, shower caps, etc., to keep a product on the hair and scalp.
4. Any type of “natural” or “organic” remedy that is not FDA approved for head lice treatment.
5. Any product that is not licensed to use on humans (i.e. dog shampoos).

The CDD also strongly discourages extending treatment times over package insert recommendations or too frequent applications of lice shampoos or creams. Treatments that contain pesticides could be detrimental to those that come in contact with it. The use of lice sprays, house “bombs”, exterminator services, or treatment of household pets are also unnecessary and could be harmful.

## **ADDITIONAL PRECAUTIONS**

1. Women who are pregnant or nursing should avoid exposure to chemical agents in lice killing treatments and contact their physician for advice.
2. Over the counter lice killing remedies should only be used on the advice of physician for children under two (2) years of age.
3. People with pre-existing medical conditions (i.e. asthma, epilepsy, neurological disease) should contact their physician before treating themselves or others.
4. Never use lice killing products on or near the eyes. If the eyebrows or eyelashes are infested, consult with a physician for safe treatment methods.
5. Do not treat prophylactically. Examine bedmates closely and treat only those that are currently infested.
6. Do not use products containing lindane unless prescribed specifically by a physician.
7. Use of lice sprays on bedding, furniture, etc., are unwarranted and not recommended. Household pets are not carriers of head lice and do not require treatment.
8. “Bagging” objects that can’t be washed, dry cleaned, or vacuumed should be done with care. These bags can suffocate children who are trying to get to their belongings.

Sources

Oklahoma State Department of Health