

<b>FREDERICK COUNTY PUBLIC SCHOOLS</b>	<b>Reg. No. 400-21</b>
<b>Subject:</b> <b>PEDICULOSIS</b>	<b>Date of Issue:</b> <b>10/1/81</b>
<b>Preparing Office:</b> <b>Office of the Superintendent</b>	<b>Amended:</b> <b>2/1/99</b>

- I. Policy
- II. Procedures

Pediculosis, hereafter referred to as “head lice,” causes much concern and anxiety in homes and schools. Therefore, an effective pediculosis control program, which includes education, screening, and treatment components must be developed and implemented. The purpose of this document is to provide information and guidelines about handling suspected and/or diagnosed cases of head lice. Every effort should be made to handle these cases confidentially with utmost concern for the students' needs and feelings since exclusion may be required until treatment is provided.

- A. Head lice infestations among students may cause unnecessary absence and classroom disruption. In an effort to prevent outbreaks, the elementary school principal, in collaboration with the school community health nurse, will provide appropriate information regarding head lice and its control to parents and students at the beginning of the school year. Information at the middle and high school level will be provided as necessary. (Appendix A & B)
- B. The principal/designee is to screen students suspected of having head lice. (Appendix C)
- C. Siblings and other potential contacts of confirmed head lice cases are also to be screened. Contacts include elementary students in the same classroom and other students as appropriate. If there are siblings in other schools, efforts should be made to notify the school principal or health services staff of that school.
- D. Students identified with head lice should be excluded as quickly as possible. If the parents are not available to get the student, they may remain in school and return home by their usual mechanism. They are then excluded until proof of treatment is provided. Students identified with nits only may also be excluded at the discretion of the principal/designee.
- E. Parents should be informed that their child has a head lice and/or nit infestation and provided with guidelines about how to provide treatment. (Appendix D)
- F. Proof of treatment must be presented in order for the student to return to school. This may be a note from an authorized health care provider or the label from the preparation used to treat the student. (Appendix D)
- G. Students should be rechecked upon their return to school and again in one week to determine the effectiveness of the treatment. If head lice are still present, the student should be re-excluded, the parents notified, and a second letter should be sent to parents. Parents may be encouraged to seek treatment advice from their primary health care provider.

- H. The principal/designee has the discretion of determining whether or not a student with nits will be readmitted to school.
- I. Custodial staff should be instructed to thoroughly vacuum and clean the classroom and other school areas where the child with head lice has been. The use of insecticide sprays or fumigants is not recommended since they are not effective and may cause allergic reactions.
- J. In the event of an outbreak, students' outer garments should be stored separately. In physical education classes, a specific hook or locker should be assigned to each student for each class period.
- K. The principal/designee should notify the school nurse, pupil personnel worker, or others responsible for student attendance if a student is absent from school more than three (3) days because of head lice.
- L. In order to track recurring infestations and to help prevent transmission to others, a confidential record that contains the name, grade, teacher, date infestation was discovered, and date that student returned to school should be maintained for each student with head lice.

Approved:

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Jack D. Dale  
Superintendent

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350 Montevue Lane  
Frederick, Maryland 21702

Frederick County Public Schools  
115 East Church Street  
Frederick, Maryland 21701

Frederick County School Health Program

Date: \_\_\_\_\_

Dear Parent/Guardian:

As the school year begins, we want to ask for your cooperation in identifying and preventing the spread of head lice this school year.

Head lice exist where children are and they can readily spread in a group situation unless proper measures are taken. The following steps will help us work together to address this problem.

INSPECT: Please inspect your child for head lice and their eggs (nits) regularly throughout the year. Nits are most often found on hairs at the nape of the neck and behind the ears. Nits are yellowish, gray, or white in color, 0.8 mm long, and are attached to hairs close to the scalp.

TREAT: If you identify head lice or nits on your child at any time, consult your private source of health care for advice about using a special over-the-counter medicated creme rinse or shampoo. Pets are not human head lice carriers and do not need to be treated. The school nurse is available to answer questions or provide referrals for health care.

ENVIRONMENTAL CONTROLS: Articles such as combs, towels, or hats should not be shared. Wash lice-exposed clothes, towels, and bed linens in hot water and dry at a high temperature for twenty (20) minutes. Clothing and toys which cannot be washed should be sealed in a plastic bag for at least ten (10) days. Disinfect combs and brushes by soaking them in the medicated shampoo, or very hot soapy water. Vacuum carpets, upholstery, pillows, and mattresses. Damp wipe all surfaces to remove loose hair that may have attached nits and dispose of the cleaning cloth. Fumigation is no more effective than vacuuming. It is not only costly, but also a needless exposure to insecticide.

NOTIFICATION: If you discover that your child has head lice, please call the school so that necessary precautions may be taken to prevent the spread of infestation. Every effort will be made to protect the confidentiality of your call. If head lice becomes a problem at school, we may need to consider classroom inspection.

If you have any questions, please call the school nurse. Let us have a head lice-free year!

Sincerely yours,

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Principal Phone

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School Community Health Nurse Phone

## HEAD LICE FACT SHEET

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Head Lice - also known as Pediculosis (*P. Humanus Capitus*)

Characteristics:

- Occur in all socioeconomic levels regardless of age, sex, or standards of personal hygiene.
  - Are dependent on human blood for nourishment. Cannot live for more than 48-hours on non-human surfaces.
  - Do not jump, hop, or fly.
  - Do not transmit communicable diseases.
  - Are spread by direct and indirect contact.
  - Females are infested more frequently than males.
  - Occurrence rates do not significantly differ between long and short hair.
  - Occurrence rate highest in elementary school children and special education classes.
  - Uncommon among African-Americans.
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Description:

Head lice are 2 to 4 mm in length, wingless, gray-brown, hairy, flat, six-legged insects that are difficult to see because of their size and coloring.

Eggs are laid by the adult, female louse at a rate of 8 to 10 per day. They hatch in 7 to 10 days from a nit (egg casing) which appears as a clear, gray-white ellipsoid firmly attached to the hair shaft at the junction of the scalp. Hatched or empty nits can be distinguished by their milky color and missing tops.

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Symptoms:

Itching of the scalp, especially back of the neck and behind the ear, is caused by bite and blood-sucking activity. Secondary excoriations, rash, and enlarged cervical lymph nodes may be noted as a result of scratching to relieve the itching.

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Mode of Transmission:

Direct contact (i.e., using infested combs and brushes, wearing infested clothing, especially hats, scarves, and coats; lying on infested carpets, beds, or upholstered furniture.)

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Treatment:

A-200 Paranoid Gel	<i>R&amp;C Shampoo</i>
A-200 Paranoid Liquid	<i>Ovide</i>
Cuprex Lotion	<i>RID A Pediculocide</i>
<i>NIX</i>	

Other preparations as recommended by a private physician or a pharmacist.  
**Kwell is not a recommended treatment.**

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