

TO: All KOCO Families

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SUBJECT: Head Lice

Head lice are an unpleasant but very common condition. Proper treatment, communication, and correct information will insure that if your child contracts head lice it can be dealt with in an efficient manner.

- Head lice prefer clean, healthy heads. Lice are not an indication of cleanliness or poor hygiene.
- Children with head lice may demonstrate signs of excessive scratching.
- Head lice is spread from hair to hair contact. Head lice do not jump and prefer to live on or near the scalp. Lice are infrequently transferred by combs, hats, hair accessories, etc.
- Lice can live briefly off a host, usually not more than 24 hours.
- Lice cannot be transferred to pets.
- Children should only be treated with pediculicides (treated shampoos) if they actually have head lice. Pediculicides should never be over used.
- Fumigating your home or school is more harmful to the children than the lice.
- There is no proven repellent for head lice.
- Suffocating agents (olive oil/mayonnaise) do not always kill live louse.
- Other than pediculicides, mechanical removal of nits is the preferred method for removal.

It is critical that the administrator on duty be notified immediately if your child has contracted head lice.

The best rule to remember is to use common sense when dealing with head lice. Head lice are a treatable condition and represent an opportunity for us to model for our children responsible, cooperative behavior.

Attached is an article from the Center for Disease Control and KOCO's updated head lice policy. Please review and feel free to contact either one of us with questions.

Thank you.

10/03/2007

Parent Handbook

Head Lice: If the child is suspected of having head lice, the child will be sent home. If evidence of head lice is found, child will be excluded for 24 hours after treatment has been applied. Parent will provide proof of treatment (empty shampoo bottle) upon child's return. Treatment will be repeated in 7-10 days. Child must be louse free to attend.

Staff:

Head Lice Protocol:

1. If a child is suspected of having head lice, the child will be sent to the office to have their heads checked.
2. If the administrator on duty determines that the child has evidence of head lice, they will be sent home. Parents must pick up child within an hour.
3. Children will be excluded from KOCO for 24 hours after treatment has been applied.
4. Parent will provide proof of treatment (empty shampoo bottle) to the office upon their return.
5. Parent will be advised that treatment must be repeated in 7-10 days and proof of treatment must be supplied (empty shampoo bottle). It will be recommended to parents that a treatment be used that kills live nits (eggs).
6. Children may attend KOCO after initial treatment is completed and may stay if nits are present. If live lice are found by the administrator on duty, child will be sent home and steps 2-5 will be repeated.

Head Lice Action Sheet

Your child has contracted head lice. While this is an unpleasant situation, the solution to being lice free is easy. Please review the following list; date and initial once item is complete. Children may not return to KOCO until items 1-8 have been completed.

1. Child was treated with a specified shampoo treatment.
2. Child's hair was combed with a nit removal comb.
3. Hairbrushes were discarded.
4. Bed linens (including cot sheet, if necessary) were washed and dried in clothes dryer.
5. Couches, throw pillows, stuffed animals, car seats/car were vacuumed.
6. Items unable to be vacuumed were discarded or bagged for two weeks.
7. All members of household checked for nits and/or lice.
8. Empty shampoo bottle was submitted to KOCO.
9. Continue to check head for nits/comb out wet hair for 3 weeks.
10. Child must be re-treated with a specified shampoo treatment in 7-10 days. Bottle will be submitted to KOCO.



Treatment

General Guidelines

Treatment for head lice is recommended for persons diagnosed with an active infestation. All household members and other close contacts should be checked; those persons with evidence of an active infestation should be treated. Some experts believe prophylactic treatment is prudent for persons who share the same bed with actively-infested individuals. All infested persons (household members and close contacts) and their bedmates should be treated at the same time.

Some pediculicides (medicines that kill lice) have an ovicidal effect (kill eggs). For pediculicides that are only weakly ovicidal or not ovicidal, routine retreatment is recommended. For those that are more strongly ovicidal, retreatment is recommended only if live (crawling) lice are still present several days after treatment (see recommendation for each medication). To be most effective, retreatment should occur after all eggs have hatched but before new eggs are produced.

When treating head lice, supplemental measures can be combined with recommended medicine (pharmacologic treatment); however, such additional (non-pharmacologic) measures generally are not required to eliminate a head lice infestation. For example, hats, scarves, pillow cases, bedding, clothing, and towels worn or used by the infested person in the 2-day period just before treatment is started can be machine washed and dried using the hot water and hot air cycles because lice and eggs are killed by exposure for 5 minutes to temperatures greater than 53.5°C (128.3°F). Items that cannot be laundered may be dry-cleaned or sealed in a plastic bag for two weeks. Items such as hats, grooming aids, and towels that come in contact with the hair of an infested person should not be shared. Vacuuming furniture and floors can remove an infested person's hairs that might have viable nits attached.

Treat the infested person(s): Requires using an Over-the-counter (OTC) or prescription medication. Follow these treatment steps:

1. Before applying treatment, it may be helpful to remove clothing that can become wet or stained during treatment.
2. Apply lice medicine, also called pediculicide, according to the instructions contained in the box or printed on the label. If the infested person has very long hair (longer than shoulder length), it may be necessary to use a second bottle. Pay special attention to instructions on the label or in the box regarding how long the medication should be left on the hair and how it should be washed out.

WARNING:

Do not use a combination shampoo/conditioner, or conditioner before using lice medicine. Do not re-wash the hair for 1–2 days after the lice medicine is removed.

3. Have the infested person put on clean clothing after treatment.
4. If a few live lice are still found 8–12 hours after treatment, but are moving more slowly than before, do not retreat. The medicine may take longer to kill all the lice. Comb dead and any remaining live lice out of the hair using a fine-toothed nit comb.
5. If, after 8–12 hours of treatment, no dead lice are found and lice seem as active as before, the medicine may not be working. Do not retreat until speaking with your health care provider; a different pediculicide may be necessary. If your health care provider

recommends a different pediculicide, carefully follow the treatment instructions contained in the box or printed on the label.

6. Nit (head lice egg) combs, often found in lice medicine packages, should be used to comb nits and lice from the hair shaft. Many flea combs made for cats and dogs are also effective.
7. After each treatment, checking the hair and combing with a nit comb to remove nits and lice every 2–3 days may decrease the chance of self–reinfestation. Continue to check for 2–3 weeks to be sure all lice and nits are gone. Nit removal is not needed when treating with spinosad topical suspension.
8. Retreatment is meant to kill any surviving hatched lice before they produce new eggs. For some drugs, re-treatment is recommended routinely about a week after the first treatment (7–9 days, depending on the drug) and for others only if crawling lice are seen during this period. Retreatment with lindane shampoo is not recommended.

Supplemental Measures: Head lice do not survive long if they fall off a person and cannot feed. You don't need to spend a lot of time or money on housecleaning activities. Follow these steps to help avoid re–infestation by lice that have recently fallen off the hair or crawled onto clothing or furniture.

1. Machine wash and dry clothing, bed linens, and other items that the infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry–cleaned

OR

sealed in a plastic bag and stored for 2 weeks.

2. Soak combs and brushes in hot water (at least 130°F) for 5–10 minutes.
3. Vacuum the floor and furniture, particularly where the infested person sat or lay. However, the risk of getting infested by a louse that has fallen onto a rug or carpet or furniture is very small. Head lice survive less than 1–2 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. Spending much time and money on housecleaning activities is not necessary to avoid reinfestation by lice or nits that may have fallen off the head or crawled onto furniture or clothing.
4. Do not use fumigant sprays; they can be toxic if inhaled or absorbed through the skin.

Prevent Reinfestation:

More on: Prevention & Control (</parasites/lice/head/prevent.html>)

Over-the-counter Medications

Many head lice medications are available "Over-the-counter" without a prescription at a local drug store or pharmacy. Each Over-the-counter product approved by the FDA for the treatment of head lice contains one of the following active ingredients. If crawling lice are still seen after a full course of treatment contact your health care provider.

1. **Pyrethrins** combined with piperonyl butoxide;
Brand name products: A–200*, Pronto*, R&C*, Rid*, Triple X*.

Pyrethrins are naturally occurring pyrethroid extracts from the chrysanthemum flower. Pyrethrins are safe and effective when used as directed. Pyrethrins can only kill live lice, not unhatched eggs (nits). A second treatment is recommended 9 to 10 days after the first treatment to kill any newly hatched lice before they can produce new eggs. Pyrethrins generally should not be used by persons who are allergic to chrysanthemums or ragweed. Pyrethrin is approved for use on children 2 years of age and older.

2. **Permethrin lotion, 1%;**
Brand name product: Nix*.

Permethrin is a synthetic pyrethroid similar to naturally occurring pyrethrins. Permethrin lotion 1% is approved by the FDA for the treatment of head lice. Permethrin is safe and effective when used as directed. Permethrin kills live lice but not unhatched eggs. Permethrin may continue to kill newly hatched lice for several days after treatment. A second treatment often is necessary on day 9 to kill any newly hatched lice before they can produce new eggs. Permethrin is approved for use on children 2 months of age and older.

Prescription Medications

The following medications, in alphabetical order, approved by the U.S. Food and Drug Administration (FDA) for the treatment of head lice are available only by prescription. If crawling lice are still seen after a full course of treatment, contact your health care provider.

- **Benzyl alcohol lotion, 5%;**
Brand name product: Ulesfia lotion*

Benzyl alcohol is an aromatic alcohol. Benzyl alcohol lotion, 5% has been approved by the FDA for the treatment of head lice and is considered safe and effective when used as directed. It kills lice but it is not ovicidal. A second treatment is needed 7 days after the first treatment to kill any newly hatched lice before they can produce new eggs. Benzyl alcohol lotion is intended for use on persons who are 6 months of age and older and its safety in persons aged more 60 years has not been established. It can be irritating to the skin.

- **Ivermectin lotion, 0.5%;**
Brand name product: Sklice*

Given as a tablet in mass drug administrations, ivermectin has been used extensively and safely for over two decades in many countries to treat filarial worm infections. Ivermectin lotion, 0.5% was approved by the FDA in 2012 for treatment of head lice in persons 6 months of age and older. It is not ovicidal, but appears to prevent nymphs (newly hatched lice) from surviving. It is effective in most patients when given as a single application on dry hair without nit combing. It should not be used for retreatment without talking to a healthcare provider.

- **Malathion lotion, 0.5%;**
Brand name product: Ovide*

Malathion is an organophosphate. The formulation of malathion approved in the United States for the treatment of head lice is a lotion that is safe and effective when used as directed. Malathion is pediculicidal (kills live lice) and partially ovicidal (kills some lice eggs). A second treatment is recommended if live lice still are present 7–9 days after treatment. Malathion is intended for use on persons 6 years of age and older. Malathion can be irritating to the skin. Malathion lotion is flammable; do not smoke or use electrical heat sources, including hair dryers, curlers, and curling or flat irons, when applying malathion lotion and while the hair is wet.

More on: Malathion (/parasites/lice/head/gen_info/faqs_malathion.html)

- **Spinosad 0.9% topical suspension;**
Brand name product: Natroba*

Spinosad is derived from soil bacteria. Spinosad topical suspension, 0.9%, was approved by the FDA in 2011. Since it kills live lice as well as unhatched eggs, retreatment is usually not needed. Nit combing is not required. Spinosad topical suspension is approved for the treatment of children 4 years of age and older. It is safe and effective when used as directed.

Repeat treatment should be given only if live (crawling) lice are seen 7 days after the first treatment.

For second–line treatment only:

- **Lindane shampoo 1%;**
Brand name products: None available

Lindane is an organochloride. The American Academy of Pediatrics (AAP) no longer recommends it as a pediculocide. Although lindane shampoo 1% is approved by the FDA for the treatment of head lice, it is not recommended as a first–line treatment. Overuse, misuse, or accidentally swallowing lindane can be toxic to the brain and other parts of the nervous system; its use should be restricted to patients for whom prior treatments have failed or who cannot tolerate other medications that pose less risk. Lindane should not be used to treat premature infants, persons with HIV, a seizure disorder, women who are pregnant or breast–feeding, persons who have very irritated skin or sores where the lindane will be applied, infants, children, the elderly, and persons who weigh less than 110 pounds. Retreatment should be avoided.

When treating head lice

1. Do not use extra amounts of any lice medication unless instructed to do so by your physician and pharmacist. The drugs used to treat lice are insecticides and can be dangerous if they are misused or overused.
2. All the medications listed above should be kept out of the eyes. If they get onto the eyes, they should be immediately flushed away.
3. Do not treat an infested person more than 2–3 times with the same medication if it does not seem to be working. This may be caused by using the medicine incorrectly or by resistance to the medicine. Always seek the advice of your health care provider if this should happen. He/she may recommend an alternative medication.
4. Do not use different head lice drugs at the same time unless instructed to do so by your physician and pharmacist.

**Use of trade names is for identification purposes only and does not imply endorsement by the Public Health Service or by the U.S. Department of Health and Human Services.*

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