

Head Lice

Dear Parent or Guardian,

You are being provided with this fact sheet:

- because you or your child may have been exposed to head lice.** If you believe your child has head lice, contact your medical provider. Notify your child care provider, school, or preschool immediately after the diagnosis has been made.
 - for informational purposes only.**
-

What are head lice?

Head lice are reddish-brown insects about the size of a sesame seed. They live and lay their eggs (nits) on hair close to the scalp. Lice do not carry disease and they do not live on pets or other animals. A single insect is called a "louse". There are three stages in the lifespan of a louse including the nit (egg), nymph (young adult), and adult stage. The life cycle of a louse is 25 to 30 days; it takes about ten days for a newborn louse to become an adult. One adult female louse can lay 6 to 8 nits a day for up to 10 days.

What are the symptoms of lice?

Symptoms of lice include itching, sores from scratching the head, a sense of something moving in the hair, and irritability. Scratching can lead to skin sores on the scalp and skin infections. In some cases, there are no symptoms.

How are lice spread?

Lice can crawl from one person to another. They do not fly or jump from one person to another. Most often, lice are spread by direct head-to-head contact with a person who has lice. There is also a small possibility that lice may spread when a person with lice shares items like coats, hats, helmets, pillow, brushes, and other personal items, or when these personal items come in direct contact during storage.

Who is at risk for lice?

Anyone in contact with an infested individual, or contaminated items, can get lice. It is not associated with economic status or personal hygiene. It is more common in preschool children and their families because of close contact. Girls often tend to get lice more often than boys.

What is the treatment for lice?

There are a variety of treatments for lice. Pesticides are available for purchase over-the-counter and by prescription. Carefully follow the package directions as some products may need to be applied again in 7-9 days to remove newly hatching lice. Removal of nits by combing immediately after treatment with a pesticide is not necessary to prevent spread because only live lice cause an infestation. Treatment options other than the use of a pesticide exist, including manual removal with a fine-toothed comb from wetted hair or in conjunction with a product designed to suffocate and/or immobilize lice. Consult with your health care provider for treatment recommendations especially if you are pregnant or breastfeeding, or if the child is under 2 years of age.

How are lice diagnosed?

By carefully inspecting hair with a bright light and a magnifying glass, lice and nits can be identified. Nits can be a variety of colors including clear, white, yellowish, brown, or gray and are oval in shape. They are

Child Care Health Program

401 Fifth Avenue, Suite 1000 ■ Seattle, WA 98104-1818 ■ tel: 206-263-8262 ■ fax: 206-205-6236

Adapted from the Snohomish Health District

usually close to the scalp around the ears and along the nape of the neck. They feel like little grains of sand on the hair.

Household cleaning for lice

Only items that have been in contact with the head of the person with infestation in the 24-48 hours before treatment need to be considered for cleaning. Chemical treatment of the environment is not advised.

- Wash sheets, pillowcases, towels, and clothing in hot (130°F) water and dry on a high heat cycle.
- Items that cannot be washed can be:
 - run in the dryer on the “hot” setting for 30 minutes,
 - sealed in a plastic bag for more than 2 days, or
 - dry cleaned.
- Soak brushes, combs, and hair ornaments in hot water (at least 130°F) for 5–10 minutes.
- Vacuum the floor, furniture, and car seat. Throw the vacuum bag away or empty the vacuum canister in an outside garbage container after vacuuming.

How is the spread of lice reduced?

- Regularly inspect the hair of children in group settings.
- Avoid head-to-head contact with individuals who have lice.
- Do not share hats, combs, coats, pillows, or other personal items.
- Keep long hair pulled back.
- When doing head checks, wash hands after checking each child.
- In group settings:
 - Provide separate storage areas for each person’s clothing and other personal items using individual cubbies, lockers, or bins with solid walls.
 - Assign sleeping mats and bedding to only one child and store these separately when children are in group care. Children should sleep 30” apart or in a head-to-foot arrangement.

Exclude from group setting?

The American Academy of Pediatrics no longer recommends routine exclusion of children from K-12 settings for head lice. Child care licensing regulations also no longer require the routine exclusion for head lice. However, child cares may choose whether to include head lice and/or nits in their facility’s exclusion guidelines and whether exclusion is to be immediate or at the end of the day. The exclusion policy must be written and available to parents. Head lice are not a health hazard and are not easily spread in school-age classrooms. However, parents and guardians must be informed that prompt, proper treatment is in the best interest of their child and his or her classmates.

Reference: *American Academy of Pediatrics*

- [Managing Infectious Diseases in Child Care and Schools](#) pages 113-114

This document was printed from the Public Health — Seattle & King County Child Care Health Program website by your child care or school. It is for information only and is not meant as a substitute for consultation with your health care provider. This document is not valid after 06/2019.

Child Care Health Program

401 Fifth Avenue, Suite 1000 ■ Seattle, WA 98104-1818 ■ tel: 206-263-8262 ■ fax: 206-205-6236

Adapted from the Snohomish Health District