

# Recommended Head Lice Management

## Introduction

**Head lice can affect anyone, and are most common in the 3-11 year old age group.** Head lice are annoying and may cause itching, but they do not cause disease. Reactions to head lice can subject children to teasing, bullying and isolation. For these reasons, head lice infestations should be treated.

Current research shows that school exclusion, early dismissal and no-nit policies do not prevent or control head lice infestations. In fact, these practices further stigmatize children, erode their self-esteem and interfere with learning. No-nit policies in schools and daycares are discouraged by both the Canadian Pediatric Society and American Academy of Pediatrics.

## Interior Health's Position Statement on Head Lice

**Interior Health does not support school exclusion, early dismissal or no-nit policies as these disrupt the education process and adversely affect children's self-esteem and social status in the classroom.**

**Due to frequent misdiagnosis and over-diagnosis of head lice, school screening teams are not encouraged.**

## RATIONALE

- 1) Lice may be present on the scalp for weeks before they are discovered. Less than 50 percent of individuals scratch their scalp when they have head lice. As children are often in the classroom for days or weeks before head lice are detected, there is no benefit in sending them home early.
- 2) Head lice infestations are often misdiagnosed. The presence of fluff or dandruff in the hair is often mistaken for nits. Also, the presence of nits does not mean a child has an active infestation. It is difficult to differentiate between nits and empty egg casings. Even under ideal conditions, 10-30% of nits do not hatch.
- 3) Head lice are frequently over-diagnosed, which leads to overuse of pediculocides (chemical head lice products). Overuse of pediculocides can be hazardous to a child's health and can cause resistance.
- 4) Negative reactions to head lice adversely affect children by subjecting them to teasing and bullying.

## Parents Role in Managing Head Lice

- Take a proactive approach in understanding lice facts and myths.
- Check the heads of all family members on a weekly basis. Increase this to daily head checks when a case of head lice has occurred in your child’s classroom or one of the family members has been in contact with head lice.
- Treat only when live lice or live nits are found. Learn what these look like as it is easy to misdiagnose. Use a recommended treatment.
- Teach your child about prevention of head lice (avoiding head to head contact, not sharing hats, brushes, helmets, etc.). Tie long hair back.
- Refer to the Interior Health School Health Care Website for more information [School Health Care | Infant & Youth Health | IH](#)

## Schools Role in Managing Head Lice

- Send home up to date information and [links](#) to parents early in the school year about head lice and school district policy.
- Include an article about lice in the school newsletter. Your school public health nurse can help with this (see Appendix B).
- Distribute classroom letters and treatment information to parents when head lice are identified (see Appendix A).
- Implement head lice management protocols and guidelines based on best practices and health recommendations.
- Refer to the Tips for Schools found on [School Health Care | Infant & Youth Health | IH \(interiorhealth.ca\)](#)

See Appendix A for Sample School Letter.

See Appendix B for Sample School Newsletter Insert.

## Public Health Nurses Role

### In the school:

- Ensure schools are provided with standardized, evidence-based head lice information for staff, teachers, parents and students.
- Act as a resource for the management of head lice and speak to parents and advisory committees as requested.
- Provide support and resources for schools for development of head lice management practices.
- Build capacity of school staff, parents and other caregivers in the treatment and management of head lice.
- The school public health nurse does not perform individual or group checks, support mass screening head checks or provide treatment to individuals or groups.

## With families:

- Offer group presentations about head lice and head lice control. This would be particularly effective with kindergarten parents early in the school year.
- Follow-up for treatment failures or other concerns pertaining to controlling/managing head lice i.e.: provision of information through written handouts.

## Head Lice Facts

- Head Lice are very common and can occur in people of all ages, races and classes.
- Head lice do not spread disease.
- Head lice are tiny insects about the size of a sesame seed and can vary from white to brown in color.
- Head lice **do not** jump or fly. They are spread by close head-to-head contact between humans.
- Head lice can move quickly on dry hair, so they are difficult to see.
- Head lice bites can make the scalp itchy.

## Life Cycle of Head Lice

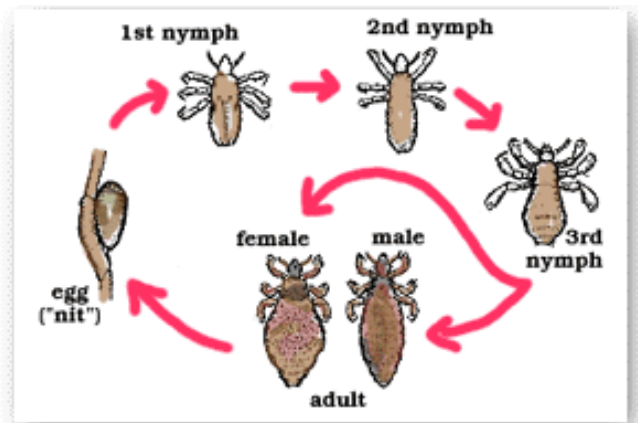


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from [www.headlice.org](http://www.headlice.org)

To see head lice and nit images refer to [identifyus.com](https://www.identifyus.com).

- Adult female head lice lay about 3-10 eggs (called nits) every day. Live nits are glued to the hair very close to the scalp (within 6mm or ¼ inch).
- It takes 7-10 days for the nits to hatch into a nymph, and another 7-10 days for a nymph to become an adult. During that time, it stays on the head, but does not lay eggs.
- You can find nits anywhere on the head especially behind the ears or on the back of the neck.
- After the head lice hatch, the shell of the nit stays glued to the hair. If it is more than 6 mm or ¼ inch away from the scalp, it is probably empty or dead.
- Head lice are most commonly transmitted between family members, overnight guests and close playmates who spend a lot of time together.

## How to check for Head Lice

### What you need:

- Bright light
- Regular comb
- Lice or nit comb
- White hair conditioner
- Paper tissues, white is best
- Plastic bag for garbage
- A magnifying glass can be helpful

### What to look for:

You are looking for both live lice and lice eggs, also known as nits

- Adult lice are 2-4 mm long, about the size of a sesame seed. Lice move quickly and can be difficult to see.
- Lice eggs (nits) are shaped like tiny tear drops about the size of a poppy seed. They are glued firmly to the hair and will not move unless you pull them off with your fingernails or a nit comb.

## What to do when checking for head lice:

- Apply a generous amount of conditioner to dry hair, soaking the scalp to the ends of the hair. Conditioner stuns the lice for about 20 minutes, and this makes it easier to find them.
- Remove tangles with a regular comb.
- Start behind the ears and comb the hair section by section. Separating the hair with clips is helpful.
- Place the lice comb against the scalp and pull through to the end of the hair.
- With every stroke, check the comb for lice and wipe it off on a tissue. Looking at what is on the tissue helps to identify if you are finding lice or just regular hair debris.
- Place used tissues in a plastic bag (when finished tie off bag and toss).
- Repeat the process moving round the whole of the head, at least 5 times. Work section by section, so that the whole head of hair is combed through. It will take at least 15 minutes to do it properly.
- If head lice are detected and a drug store treatment is used make sure that **all conditioner and hair product is washed from the hair prior to treatment.**

## If you find head lice:

- If you find live lice, you have a **confirmed** case that should be treated.
- If you only find nits and they are close to the scalp (less than ¼ inch or 6 mm) you have a **probable** case of lice. If your child has not been treated in the last month you should treat for head lice now (nits found further away from the scalp are probably dead and do not require treatment).
- Check everyone else in the household for lice, even if they do not feel itchy.
- Treat everyone in the household who has a confirmed case on the same day.
- You have choices in how you treat head lice; you can buy treatments at the drug store or choose to wet-comb the hair. **See the treatment options chart on the Interior Health Public Website [School Health Care | Infant & Youth Health | IH \(interiorhealth.ca\)](#) .**

## When Treatment Doesn't Work

The most common causes of treatment failure include:

### **Reason #1: Not having enough information about head lice or the treatment methods.**

The treatment methods can be confusing for many people, especially Option B which is based on understanding the life-cycle of head lice. If unsure about the treatment or prevention of head lice, please talk to your Public Health Nurse.

### **Reason #2: The head lice treatment was not applied properly.**

The most common errors with using the treatments include:

- The hair had conditioner or a hair product in it before treatment was started. As conditioner and other products can coat the hair, they can make the treatments less effective if they are not washed off first.
- Applying the treatment to wet hair: Applying the product to wet hair dilutes the chemicals in the treatment. When exposed to water, head lice close their breathing holes which also make it harder for the chemicals to penetrate and kill the lice.

- Not using enough treatment to thoroughly cover all the hair: Thick and long hair will require more head lice product. Make sure you use enough head lice treatment to thoroughly wet all hair – especially behind the neck and ears. One way to make sure that you have covered all the hair is to comb the product through the hair with a regular comb.
- Not leaving the treatment on long enough: Chemicals in the treatment take time to work. Make sure you follow the product instructions.
- Not applying the second treatment 7-10 days later: With option A and C you need to use the treatment again 7-10 days after the first treatment. This is because no product kills 100% of eggs and eggs take 7-10 days to hatch. Therefore, re-treatment in 7-10 days is a mandatory part of treatment.

**Reason #3: The lice are resistant to the chemicals in the treatment.**

Head lice may be resistant to the chemicals in the lice treatment. If this happens, the chemicals are no longer able to kill all the lice. You can tell if the head lice are resistant by treating the head as directed, then checking for live lice. Use a fine-tooth comb and look for movement. If the lice are moving less or are all dead the shampoo is working. If the lice are still very active, they may be resistant to the chemicals in the treatment. Switch to another product with a different "active ingredient" or try one of the other options listed. Ask your pharmacist for help.

**Reason #4: The hair was previously washed using shampoo with built-in conditioner.** Conditioners in regular shampoos can coat the hair and make it more difficult for chemicals in the head lice shampoos to cover the hair and scalp.

**Reason #5: The nits weren't removed.**

No treatment is 100% effective. Nit removal will help ensure effectiveness of head lice treatments and that there will be fewer eggs on the head to hatch. Daily lice combing is a must!

**Reason #6: The head lice treatment is too old.**

The active chemicals in many treatments weaken over time. Check the expiry date on the product you use it.

**Reason #7: Misdiagnosis (no active infestation or it is a case of misidentification); It is easy to mistake hair debris for nits. Nits cannot be flicked off or removed easily; they are cemented onto the hair.** Also, the symptoms (like itching) may be caused by something other than an active head lice infestation.

**Reason #8: Another infestation has occurred.**

If the above reasons don't explain why the treatment hasn't worked, re-infestation has likely occurred. Reinfestation almost always results from head-to-head contact with a person who has lice (re-infestation from the environment is very rare). If hair is clear one week after treatment, then head lice are found later, re-infestation has probably occurred. If you suspect re-infestation, ask your child with whom she/he has had head-to-head contact, and see if they can be checked. Look beyond your child's classroom; look at direct head-to-head contact opportunities your child has had with favorite play mates and within the family.

# Appendix A Sample School Letter

Dear Parent/Guardian

Date:

## Re: Head Lice in Classroom

There has been a case of head lice in your child's classroom. Please check your child's hair and scalp carefully.

**STEP 1:** Find a comfortable well-lit area

**STEP 2:** Check the hair from the scalp to the end of the hair strand. It helps to wet hair and comb through to untangle hair first. Then use a nit comb to look at the hair at the back of the neck, behind the ears and above the forehead. These are the most common spots to see lice. Then, check the rest of the head.

**STEP 3:** You are looking for **live head lice**. Adult lice are hard to see as they move quickly. They are the size of a sesame seed and are tan, brown or grey.

**STEP 4:** If you find live head lice, check all household members. Treat only those who have head lice by following Option A – Head Lice Shampoo/Rinse, Option B - Wet Combing, or Option C – Head Lice spray (see recommended head lice treatment on the Interior Health Public Website [School Health Care | Infant & Youth Health | IH \(interiorhealth.ca\)](https://www.interiorhealth.ca)).

If you do not find lice, it does not mean that your child does not have lice or that they will not get them. Check again in a few days.

**STEP 5:** Let the school know if your child has head lice.

More detailed steps on how to check for lice can be found at [School Health Care | Infant & Youth Health | IH \(interiorhealth.ca\)](https://www.interiorhealth.ca).

### **Remember:**

- Make weekly head checks part of your routine.
- Scratching and itching of the scalp may be a sign of head lice.
- If your child has long hair, keep it tied back.
- Only treat if you find live lice.

For more information, please contact your nearest Health Unit or view the head lice information on [School Health Care | Infant & Youth Health | IH \(interiorhealth.ca\)](https://www.interiorhealth.ca).

## Appendix B Sample School Newsletter Insert

Head lice are tiny insects that can live on human heads. They lay eggs (called nits) close to the scalp. Head lice do not spread disease, and they love washed or unwashed heads just the same! Head lice are very common among children aged 3-11. Scratching the head can be a sign of head lice, but children can also have them without any itching.

While you cannot prevent getting lice, you can teach your child not to share personal items they use on their heads (like brushes, and hats). Also, teach your child to put their hats and scarves in their coat sleeves at school. Be sure to braid or tie long hair back, and develop a routine of checking your child’s head for lice at least once a week.

Make sure to only treat for head lice if you find live, moving lice on the head. ***Lots of other things can be mistaken for nits (head lice eggs) like dandruff and lint.*** More information about checking for lice and head lice treatment can be found on the [Interior Health public website](https://www.interiorhealth.ca) at [School Health Care | Infant & Youth Health | IH \(interiorhealth.ca\)](https://www.interiorhealth.ca/school-health-care).

<b>Call 8-1-1</b> Healthlink BC <a href="http://www.healthlinkbc.ca">www.healthlinkbc.ca</a>	Nurse	24 hours a day	Daily	<i>Call 8 -1-1 to speak with a nurse, ask a dietitian about nutrition, or a pharmacist about your medication.</i>
	Dietitian	9 a.m. – 5 p.m.	Mon – Fri	
	Pharmacist	5 p.m. – 9 a.m.	Daily	
	Hearing Impaired	Call 7-1-1		