



INTEGRATED PEST MANAGEMENT: HEAD LICE

Head lice are bloodsucking insects that are commonly spread among children. Young children are especially prone to getting head lice, because they

- ▶ play together with close physical contact.
- ▶ nap close together.
- ▶ hug often.
- ▶ share hats, helmets, combs and brushes.

Having head lice is not related to hygiene, socioeconomic status or ethnic background.

When are head lice a problem?

Head lice do not transmit any infectious diseases; they are just bothersome to their hosts and cause itching. Head lice are a problem because it takes time for parents to treat and remove head lice from their child's hair, and clean clothing and bedding.

Habits and life cycle

Head lice spend their whole life on the hairy part of the head. An adult head louse is about the size of a sesame seed. It has six legs with claws to grab onto hair, is wingless, and ranges from tan to gray in color. Adult lice are often seen in the hair behind the ears and nape of the neck. Lice eggs, called nits, are laid on the head, close to where the scalp and hair shaft meet, because they need warmth in order to hatch.

Depending on hair type, nits that are more than half an inch from the scalp are usually hatched and empty. Unlike dandruff, nits are hard to remove. To remove a nit, pull it along to the end of the hair or use a special fine-toothed lice comb. You can't just pick them off. Live head lice move fast, so they're more difficult to spot than nits.

- ▶ Female adult lice produce up to 10 eggs per day.
- ▶ Nits remain on the hair shaft and hatch after a week.
- ▶ 7 to 14 days after the nits hatch they mature into adults that can lay their own eggs, repeating the life cycle.
- ▶ Head lice can live about a month on their human host.

Characteristics

- ▶ Head lice can crawl very quickly, but do not hop, fly or jump.
- ▶ Head lice spread from direct contact between children, or through sharing of combs, brushes, scarves, hats, ponytail elastics or bed linens.
- ▶ Head lice cannot live on family pets.

IPM strategies

1 LIMIT THE SPREAD OF HEAD LICE

A well-organized and prompt response to the first few cases can prevent a widespread problem.

- ▶ Children and staff should avoid head-to-head contact during an infestation. Transmission most often occurs through direct contact with the head of an infested individual.
- ▶ Avoid sharing combs, brushes, hats and helmets with others.
- ▶ Check all children and other close contacts of a child with head lice. Children with evidence of an active infestation should be treated. Simultaneous treatment of all infested children is necessary to prevent spread back to previously treated children.

2 EDUCATE PARENTS ABOUT MONITORING AND MANAGEMENT OF HEAD LICE

To prevent the spread of head lice when a case occurs in the child care program:

- ▶ Educate parents regarding the importance of following through with treatment recommendations at home and to notify the program if head lice have been found on any household member. Refer to the California Childcare Health Program Fact Sheet for Families on Head Lice.
- ▶ Caregivers and parents should learn to recognize nits and regularly check children's hair when there is a known case of head lice in the program.



[IPM strategies continued]

- ▶ Lice and nits can be removed using a fine-toothed lice comb (a pet flea comb may also work).
- ▶ Wet-combing and occlusive methods (like petroleum jelly or dimethicone lotion) are safe ways to manage head lice.
- ▶ Although head lice are not able to survive off of humans for more than a few days, it is recommended to wash clothes (including hats and scarves) and bedding in very hot water, and vacuum carpets and upholstered furniture in rooms used by persons with head lice. Combs and hair brushes may be soaked in hot (149°F (65°C)) water for at least one hour.

Children with head lice should not be excluded

Children should not be sent home early from childcare or school because of head lice. Parents of affected children should be notified and informed that their child must be properly treated before returning to school the next day. Other close contacts should be checked to determine if there are other cases. If your facility is having a problem with head lice, you should conduct morning “head checks” before the children socialize together.

“No-nit” policies requiring that children be free of nits before they return to child care are not recommended. Regardless of the policy, children need to be checked for new nits for ten days after treatment.

Remember, if lice or nits are found, all family members, children and staff should be inspected. ECE programs need to work together with families to control an infestation.

ACTION PLAN FOR HEAD LICE

WHEN TO TAKE ACTION	LIMIT THE SPREAD	EDUCATE PARENTS	BE SAFE
<ul style="list-style-type: none"> ▶ When you discover nits or head lice on hair shafts. 	<ul style="list-style-type: none"> ▶ Transmission most often occurs through direct head-to-head contact with an infested individual. ▶ Perform a well-organized and prompt response to the first few cases to prevent further infestation. 	<ul style="list-style-type: none"> ▶ Educate parents about detecting and managing head lice. 	<ul style="list-style-type: none"> ▶ Never try to eliminate a lice infestation by spraying a pesticide around a room, or on bedding, clothing or stuffed animals. ▶ Never use a fogger to treat a room for lice. Pesticide sprays and fumes will endanger children and won't kill the lice.

RESOURCES

University of California Statewide IPM Program: *Head Lice*
www.ipm.ucdavis.edu/PMG/PESTNOTES/pn7446.html

American Academy of Pediatrics: *Head Lice*
pediatrics.aappublications.org/cgi/content/full/126/2/392

California Childcare Health Program: *What Child Care Providers Should Know About Head Lice*
www.ucsfchildcarehealth.org/pdfs/illnesses/Head%20Lice_0509.pdf

Kids Health

kidshealth.org/parent/infections/common/lice.html

eXtension School Integrated Pest Management Action Plans
www.extension.org/pages/School_Integrated_Pest_Management:_Action_Plans

California Childcare Health Program, University of California, San Francisco School of Nursing • www.ucsfchildcarehealth.org