

**DUBUQUE COUNTY MANAGEMENT
PLAN FOR PEDICULOSIS
(Head Lice)**

**Developed by:
Dubuque City and County
Health Departments
Dubuque and Western Dubuque
Community Schools
Visiting Nurse Association**

2006 (3rd revision)

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INTRODUCTION

Representatives of the City of Dubuque Health Services Department, Dubuque Community and Western Dubuque Community School Districts, and the Visiting Nurse Association have formulated a countywide plan to address Pediculosis (head lice). Recommendations from the Centers for Disease Control (CDC), the Iowa Department of Public Health (IDPH), Dr. Russell Currier, D.V.M., and the National Pediculosis Association (NPA) were all taken into consideration when developing this plan. It is evident that there are many, varying opinions on the cases and treatments of head lice. Children and parents often receive conflicting information regarding head lice and its treatment. The purpose of this document is to provide the most accurate, up-to-date information regarding head lice in a consistent manner. If Dubuque County has a consistent method for treating head lice and does so diligently, we have a much better chance of keeping the prevalence at a low rate. The goal is not to eradicate Pediculosis, since this is impossible, but to keep it at a manageable level.

This approach focuses more on the home environment versus the school/organization, and gives guidance to parents for preventive measures and detecting head lice, along with treatment when necessary. The plan does not emphasize environmental cleaning, but rather the child's head and nit combing. Head lice are rarely transmitted through environmental vectors such as furniture, pillows, towels, etc. The focus should be on shampooing and the tedious task of nit removal.

We hope you find this plan useful and welcome your comments and suggestions.

Sincerely,

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DUBUQUE COUNTY MANAGEMENT PLAN FOR PEDICULOSIS

Head Lice Background/Rational for County Wide Plan

Pediculosis (head lice) is the second leading communicable condition in childhood. This parasitic problem most often affects children between the ages of three and twelve. Head lice affect children from all socio-economic backgrounds. Head lice know no boundaries related to gender, race, or cleanliness. It is slightly more common in females than males. Complications exist from the overuse of the pediculicide (lice killing shampoo) that is recommended for the treatment of head lice. Correct information is crucial in educating communities about the risks of head lice and its treatment.

In an effort to reduce the incidence of head lice and the repeated exposure to harmful lice-killing shampoos, Dubuque City and County Health Departments in cooperation with the Dubuque and Western Dubuque Community Schools, the Visiting Nurse Association, and local health professionals have developed and revised this countywide plan to manage head lice. This county management plan is designed to help: school nurses, teachers, physicians, office nurses, health care students, colleges, child care providers, cosmetologists, YMCA/YWCA staff, Parks & Recreation Staff, scout leaders, and other agencies that work with children.

The Dubuque County Management Plan for Pediculosis, implemented in 1999, revised in May 2002 and October 2006, has resulted in an effective and consistent method of head lice identification and treatment.

Dubuque County Plan

IDENTIFIED HEAD LICE CASES:

Children identified with head lice **will remain at the particular setting** (school, child care center, camp, community center, etc.) until the end of the day. They will return to the setting upon completion of the head lice control checklist (see attached handout D). A child/children will be excluded from school or a particular setting if live lice are observed after the two-week treatment plan is completed.

Exclusion from a school or organization is not punitive but is intended to be in the “best interest of the community health and the right of each individual child to be louse-free” -- National Pediculosis Association.

PLAN

1. Head lice information for parents will be available upon request at Dubuque Community Schools, Western Dubuque Schools and at the Visiting Nurse Association.
2. Open communication is encouraged between schools, health care providers, agencies, and families in an effort to reduce the incidence of head lice.
3. The parent, guardian, school nurse, or designated personnel may identify the existence of nits or lice on a child.
4. The school nurse or designated personnel will provide information for the family on the treatment and prevention of head lice. The agency identifying head lice will send home a copy of the Dubuque County Head Lice Control Checklist (handout D) for the parent to help with removal of head lice.
5. Parents are responsible for weekly inspection of their child’s hair. Reports of head lice should be made to appropriate schools, agencies, childcare providers, or other close contacts.
6. The parents, guardians, or designated adults will be responsible for completing the nit and/or lice removal.
7. Families who have difficulty purchasing the lice-killing shampoos (pediculicides) should contact the school nurse, Visiting Nurse Association, or family physician who can direct them to other resources or recommend alternative treatments.
8. A copy of the plan is available at the Visiting Nurse Association, Dubuque Community Schools and Western Dubuque Schools for review. This plan is designed to help: school nurses, teachers, physicians, office nurses, child care providers, cosmetologist, YMCA/YWCA staff, Park and Recreation staff, scout leaders and other agencies that work with children.

Dubuque County Wide Plan

1. Information about the plan will be offered through:
 - ❖ Workshops
 - ❖ News Articles
 - ❖ Cable
 - ❖ Literature
 - ❖ Talk Radio
 - ❖ Videos
 - ❖ Libraries
 - ❖ Various Websites
2. Provide educational material about the plan to:
 - ❖ Principals
 - ❖ Church Groups
 - ❖ Educators
 - ❖ Pharmacies
 - ❖ Interested Individuals
 - ❖ Head Start Teachers/Staff/ Child Care Provider
 - ❖ Nurses
 - ❖ ISU Extension
 - ❖ Physicians
 - ❖ YWCA/YMCA
 - ❖ Physicians’ Office Staff
 - ❖ Park and Recreation Departments
 - ❖ Families
 - ❖ Cosmetologists/Beauticians
 - ❖ PTA
 - ❖ Kindergarten Round-up Packets

Prevention Plan for Schools and Organizations

1. Instruct staff, parents, and children on the ways to prevent head lice.
2. Keep mats, pillows, and belongings separated.
3. Keep coats separated. Do not stack, pile, or hang coats on top of others.
4. Keep hats and scarves stored in their coat sleeves.
5. Remind children not to share combs, brushes, barrettes, headbands, scrunchies, earphones, helmets, headgear, hats, scarves, or other personal items.
6. Remind parents to do careful inspections of their child's hair in good light weekly. This may take 15 minutes.
7. Encourage parents to inform any of their children's contacts regarding exposure i.e.: friends, overnight guest, relatives, sports teams, (especially those teams sharing helmets or caps) and all other possible outside contacts.
8. Discourage parents from using lice-killing treatments unless they actually have lice/nits.
9. Schools/Organizations will notify parents/guardians if cases of head lice occur and if their child is at risk.
10. Encourage children with longer hair to keep hair pulled back or kept up.
11. Children may return to school after the initial treatment and head lice control checklist (handout D) has been completed. A child/children will be excluded from school or a particular setting if live lice are observed after the two-week treatment plan is completed. Instruct families who require repeated treatment to consult with a physician.

Treatment Plan for Schools/Organizations

1. Once a positive case is identified, close contacts should be notified and screened, i.e.: best friends and siblings.
2. Notify parents and provide information on lice treatment and prevention.
 - * Send head lice control checklist (handout D) and treatment plan for parents/guardian's brochure (handout E) home with the child.
 - * May use exposure notification form (handout B) for identified close contacts.
3. Provide information/resources (see handout G) to families who have difficulty purchasing shampoos or recommend alternative treatments.
4. Insist on a treatment, (this maybe alternative or medicated) head lice control checklist (handout D) must be returned to the school/organization before the child returns.
5. Parent (s) / Guardian will need to continue to work on removing the remaining nits everyday. School or organization shall determine how frequently to check the child during the 2 week period for effective nit removal.
6. Instruct/demonstrate head lice screening and nit removal procedures to parents/guardian upon request.

Treatment Plan for Health Care Providers

1. Provide Dubuque County Treatment plan for parents/guardians brochure (handout E) and impress on parents/guardians importance of proper treatment methods including:
 - ❖ Initial shampoo with pediculicide shampoo and fine tooth wet combing with a metal comb to remove nits. (A metal nit/lice comb is best and generally are available at most drug/discount stores. Most of these combs can be properly sanitized after each use.)
 - ❖ Shampoo with ordinary cleansing shampoo and heavy crème conditioner daily for two weeks, including fine tooth wet combing.
 - ❖ Re-treatment with topical pediculicides, if necessary. Refer to product label for instruction.
 - ❖ Alternative treatments or prescription treatment by physician (see alternative head lice treatment (handout A)).
2. Avoid references to extensive cleaning of environment and emphasize daily shampoos/conditioners with wet fine tooth combing for two weeks. Thorough nit removal is desirable. Environmental lice sprays are ineffective and not recommended.
3. Recognize that all pediculicides are reasonably effective on adult lice and nymphs (early developmental stages of lice) but have minimal efficacy on nits. The most effective and least toxic over-the-counter treatments are the pyrethrins (RID) and permethrins (Nix, Elimite 1% over the counter).
**Send a prescription with patient or to pharmacy if patient is on Medicaid. Over the counter medicated shampoos are generally covered, check with pharmacist. If patient doesn't have any insurance coverage or if buying the recommended products are a financial hardship, please refer patient to VNA for referral.
4. For treatment failures or recurrent lice consider:
 - * Elimite 5% prescription (as directed)
 - * Bactrim 1cc/ Kg/Day (BID x 3 days, repeat in one week, if needed.)
 - * Ovide-Malathion
 - * Alternative head lice treatments list (Handout A)
5. If treatment continues to fail:
 - ❖ Reassess household contacts and treatment plan.

Treatment Plan for Parents/Guardians

Handouts to give parent(s)/guardians:

- ❖ Head lice control checklist (handout D)
- ❖ Head lice treatment plan for parents/guardians brochure (handout E)

Step One: Identify Persons with Lice

Thoroughly screen all household members and inform any of the child's close contacts regarding exposure i.e.: friends, overnight guests, relatives, sports team (especially those teams sharing helmets and caps) and all other possible outside contacts.

Step Two: Medicated Shampoo

Use a safe lice-killing treatment that is effective such as RID, NIX or alternative method, which is available, over-the counter without a prescription. Be sure to read product label carefully before treating the child.

- ❖ Lice-killing treatments may not be 100% effective in killing nits and lice. Nits often survive, hatch, and re-infest the child and others. The remaining nits will hatch within seven days. Therefore, a second treatment is recommended. Read and follow product label directions for second treatment. Pay particular attention to the amount of time recommended for the lice-killing treatment to be left on the hair and scalp. **(The lice-killing treatment should not be used on a regular basis or as a preventative measure.)**
- ❖ Itching may occur after treatment due to scalp irritation.
- ❖ Consult a health care provider if the child or family members are pregnant, nursing, under two years of age, have open wounds on their scalp or neck, have known allergies or if eyebrows and eyelashes are infested. These precautions apply to the persons administering the treatment as well as those receiving the treatment.

Step Three: Daily Combing (Use of a metal nit/lice comb is preferred)

After treatment/shampooing remove nits or any remaining lice on hair daily by:

- ❖ Combing out the child's hair
- ❖ Separating child's hair into small sections.
- ❖ Starting at the top of the head next to the scalp lift one inch of hair up and out and comb the entire length of the hair strand.
- ❖ Repeating all sections until thoroughly combed, remembering the bangs.
- ❖ Using a comb specifically designed for removing nits.
- ❖ **Regular shampoo and conditioner/crème rinse daily for two weeks, followed by fine tooth wet combing with a 'nit/lice' comb assures success in eliminating lice.**
- ❖ Nits and lice that are removed from the head should be placed in a sealed plastic bag for the outside trash. Do not drop them on the floor. Vacuum the area where child's hair was combed daily.

NOTE: This is a very time consuming procedure. Depending on the length of your child's hair, this process may take several hours. Some suggestions for younger children:

- ❖ *Give child a bath before bedtime and use a conditioner(regular product such as VO5, Suave, etc)*
- ❖ *Rinse conditioner as normal*
- ❖ *Have child sit in an adults lap with good lighting available*
- ❖ *Put in your child's favorite video or TV show (helps distract child from adult doing the combing)*
- ❖ *Praise your child for being still and cooperative with the combing session*

The most important effort is the daily shampoo, conditioner crème rinse, and wet combing technique described in Step #2 above.

Step Four: Environment

Assure that the child's personal belongings are machine washed in hot soapy water. i.e.: hats, caps, bed linens and clothing. Wash combs and brushes in hot water.

- ❖ Environmental Lice Sprays are generally not effective and **not** recommended.
- ❖ Pets do not carry human head lice; therefore, spraying pets is unnecessary since head lice need human blood to survive.

***HANDOUTS for
Parents/Guardians***

Alternative Head Lice Treatments

Natural and Non-Toxic (Two Week Process)

NOTE:

DO NOT USE THESE ALTERNATIVE TREATMENTS IF CHILD HAS OPEN SORES ON SCALP or HAS ANY ALLERGIES TO ANY COMPONENTS TO THE PRODUCT INGREDIENTS.

*****DAILY COMBING WITH REGULAR SHAMPOO AND CONDITIONER NEEDS TO BE DONE TO REMOVE NITS AND LICE. SEE TREATMENT PLAN BROCHURE FOR PARENTS/GUARDIANS.**

Use **ONE** of the following Alternative Treatments: Mayonnaise, Vaseline, Lice Ice, Dippity Do Styling Gel

PROCEDURE

Mayonnaise or Vaseline:

1. Apply agent to suffocate crawling lice. Consider use of real mayonnaise (**not** lite or low fat mayonnaise or Miracle Whip) or vaseline applications. Product should remain on the hair for a minimum of two hours (covered with a shower cap). Lice can be removed by regular shampooing, regular conditioner/crème rinse application, and fine tooth combing while hair remains wet. **Metal nit/lice comb is recommended, which is available at most drug and discount stores and can be properly sanitized in between use for other family members.**
2. Shampoo **daily** followed by conditioner/crème rinse and fine tooth ‘nit’ combing for two weeks to remove nits and lice. Repeat treatment with alternative product in one week.
3. Efforts to comb out nits or eggs attached to the hair shaft with a “metal nit/lice comb” will reduce the risk of treatment failure.

Lice Ice or Dippity Do Styling Gel:

1. Lice Ice or Dippity Do Styling Gel (available at some drug stores locally) use as directed on product label .

EXPOSURE NOTIFICATION

___ Your child *may have* been exposed to a case of head lice. Please check your child's head tonight for at least 15 minutes in good light and then weekly.

Please review the following material for guidance.

***Please keep in mind that having lice is not a sign of poor hygiene. Anyone can get head lice! Screening is key to identifying head lice early when it is easier to treat.**

PROCEDURE:

- ❖ Look for nits by sectioning off hair in small sections: They are tiny and may be yellow, white, or brown in color. These oval eggs are firmly attached to the hair shaft. It is easiest to see the nits and lice in natural lighting near a window.
 - ❖ Nits may be located **anywhere** on the hair shaft, but only nits near the scalp are likely to hatch.
 - ❖ More frequently, a diagnosis is made by seeing nits instead of lice.
 - ❖ Look for lice. They are various shades of brown and range in size from pencil point to ¼" in length and crawl away from the light quickly.
 - ❖ Lice do not jump or fly but crawl quickly.
 - ❖ Lice can be located anywhere on the scalp or in the hair, especially at the nape of the neck, behind the ears and at the crown.
 - ❖ Be aware that other particles on the hair shaft may resemble nits: hair spray droplets, dandruff, DEC plugs, and hair casts. These particles can be removed more easily than nits. Nits are attached to the hair shaft and are not as easy to remove.
 - ❖ Ideally, screening should be performed in private settings or areas.
2. If your child is identified as having lice, please contact your child's school nurse (if attending school) for treatment checklist brochure or contact your child's physician for treatment guidance. You may also contact the VNA for treatment guidance.

Educational Information Concerning Head Lice

Dubuque County Plan

1. Screen your children weekly, including regular visitors, stepchildren, visiting children, etc. If head lice are observed, then screen adults in the household also.
2. Recognize that the treatment is a two-week process of shampoos followed by a conditioner/crème rinse, and then fine tooth combing of the wet hair to remove nits. Follow the recommended directions for lice treatment products.
3. Recognize that lice do not like wet hair and conditioner/crème rinse makes the hair slippery, slowing down their movement. Wet lice are sluggish and easier to comb out. Efforts to comb out the nits are **necessary** to help the treatment.
4. Concentrate less on the environment. Environmental sprays should not be used as they are not effective and may result in allergies and discomfort. Do not give up fine tooth wet combing efforts to do laundry and household cleaning!
5. Repeat use of lice treatment products, if necessary, according to your doctor, pharmacist, and the directions on the label of the product used.
6. The schools will provide educational material. The schools will **not** do mass screenings, but will screen on an individual basis by referral from a parent/guardian or teacher.
7. If your child is found to have head lice, the agency will provide parents/guardians with information on lice and treatment.
8. The agency will attempt to provide resources to those families in need.
9. Your child will not be excluded from school or a particular setting on the day head lice are first detected, but must be treated before returning the next day. The parent/guardian **must** complete and return the Head Lice Control Check List when the child returns to the school or other child activity setting.
10. Your child will be excluded from school or a particular setting if live lice are observed after the two-week treatment plan is completed.

Head Lice Control Check List for Parents/Guardians

Date _____

Dear Parent/Guardian:

Your child _____ was found to have head lice/nits today. Please check the items below after each activity is completed. Please refer to treatment plan for parents/guardians brochure attached for further guidance.

This form must be returned to the school nurse/designated personnel with your child before she/he returns to school or other child activity.

STEP ONE: Identifying Persons with Lice:

- ❖ I have notified other people who may have come into contact with my children.
- ❖ I have inspected other household members and will follow this procedure if nits or lice are found. Do not use head lice shampoo as a preventive. Do not use for children under 2 years of age or if pregnant.

STEP TWO: Medicated Shampoo:

- ❖ I have treated my child's hair with the following head lice product.

_____ (Name of product)

Date of 1st treatment: _____

Scheduled Date of 2nd (if product indicates) treatment: _____

STEP THREE: Daily Combing:

- ❖ I have and will continue to remove the remaining nits (eggs). **This is the key to stopping the spread of head lice.**
- ❖ I will continue to shampoo with a regular shampoo, use conditioner/crème rinse, and check for nits and lice every day for two weeks and weekly after that.

STEP FOUR: Environment:

- ❖ I have washed the combs and brushes in hot water.
- ❖ I have washed my child's bedding and clothing such as coats, hats, scarves, caps in hot water.

I understand my child will be excluded if live lice are observed after the two-week treatment plan is completed.

Signature of parent/guardian: _____ Date: _____

IF UNABLE TO SPEAK WITH SCHOOL NURSE OR AGENCY PLEASE ANSWER THE FOLLOWING:

Yes / No I would like more information on head lice.

Please contact me at this number: _____

Best time to call _____

Dubuque County Screening Procedure

Procedure to examine child's hair for head lice:

1. Look for nits by sectioning off hair in small sections: They are tiny and may be yellow, white, or brown in color. These oval eggs are firmly attached to the hair shaft. It is easiest to see the nits and lice in natural lighting near a window.
 - ❖ Nits may be located **anywhere** on the hair shaft, but only nits near the scalp are likely to hatch.
 - ❖ More frequently, a diagnosis is made by seeing nits instead of lice.
 - ❖ Look for lice. They are various shades of brown and range in size from pencil point to 1/4" in length and crawl away from the light quickly.
 - ❖ Lice do not jump or fly but crawl quickly.
 - ❖ Lice can be located anywhere on the scalp or in the hair, especially at the nape of the neck, behind the ears and at the crown of the head.
 - ❖ Be aware that other particles on the hair shaft may resemble nits: hair spray droplets, dandruff, DEC plugs, and hair casts. These particles can be removed more easily than nits. Nits are attached to the hair shaft and are not as easy to remove.
 - ❖ Ideally, screening should be performed in private settings or areas

2. Please use the attached brochure for the head lice treatment plan.
 - ❖ Parent(s) /Guardian should be checking their children's hair weekly throughout the year for nits and lice to help identify lice early when it is easier to treat effectively.

RESOURCES IN DUBUQUE COUNTY

***(Services are subject to change without notice)

Visiting Nurse Association

1454 Iowa Street

556-6200

Contact person: Ask to speak to a nurse.

Services:

- Provides head lice education per phone or by scheduled clinic visit checks
- Limited amount of head lice shampoo and metal combs available to eligible clients
- Client would need to be seen in person for shampoo and combs

Clarke College Nursing Department

Contact person: Kay Frommelt

Parents or Agencies may contact the nursing department at 588-6361 or fax referral to confidential fax line 584-8633

Services:

- Home visits, education, treatment assistance, and referrals
- Completed by senior nursing students under instruction of nursing instructor
- Available August-December

Hillcrest

Contact Person:

Services:

Dubuque Community and Western Dubuque Community School District

Contact: Your child's School Nurse

Services:

- Head lice checks/referrals/education
- Call to discuss with school nurse for any available resources

Medicaid Title XIX patients

Medicaid Title XIX has covered medicated over the counter shampoos with a prescription from a health care provider and may cover other prescription required head lice treatments as addressed in the health care section of this document. Parents should ask their health care provider for assistance with a prescription for any treatment for head lice and also check with their pharmacy to make sure the treatment is covered. It is the parents responsibility to pay for the treatment if Medicaid does not cover or limits the amount of treatment products. Referral to the school/VNA may be made if further assistance is needed.