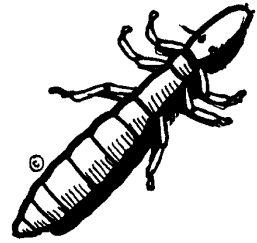


PARENT INFORMATION SHEET FOR HEAD LICE

Recently there have been some cases of head lice in our school. Here is some important information for you regarding head lice and how we can prevent infestations.

An estimated 6 to 12 million infestations occur each year in the United States, most commonly among children ages 3 to 11 years old. Children attending preschool or elementary school, and those who live with them, are the most commonly affected. Head lice are not dangerous. They do not transmit disease, but they do spread easily, making it a community issue. It's important to know some basics, including how to recognize symptoms and what to do if faced with an infestation.



- ◆ Head lice are tiny, wingless insects that live close to the human scalp. They feed on human blood. They move by crawling; they cannot jump or fly. An adult louse is the size of a sesame seed. Baby lice, or nymphs, are even smaller. Nits are the tiny, teardrop-shaped lice eggs. They attach to the hair shaft, often found around the nape of the neck or ears. Nits can look similar to dandruff, but cannot be easily removed or brushed off.
- ◆ Head lice are mostly spread by direct head-to-head contact - for example, during play at home or school, slumber parties, sports activities or camp. While at school, it may be helpful to keep long hair in a pony tail or braids.
- ◆ It is possible, but not common, to spread head lice by contact with items that have been in contact with a person with head lice, such as clothing, hats, scarves or coats, or other personal items, such as combs, brushes or hair accessories. Please remind your children not to share their personal items.

Continued on reverse side

- ◆ Signs and symptoms of infestation include: tickling feeling on the scalp or in the hair, itching (caused by the bites of the louse), irritability and difficulty sleeping (lice are more active in the dark) and sores on the head (caused by scratching, which can sometimes become infected).
- ◆ If someone in your family has head lice, all household members and other close contacts (including friends and relatives who recently stayed in the home) should be checked.
- ◆ Resistance to some over-the-counter head lice treatments has been reported. The prevalence of resistance is not known. If you use an over-the-counter head lice medicine, follow the instructions carefully. Do not treat the infested person more than 2 - 3 times with the same medication if it does not seem to work. See your health care provider for alternative medication.
- ◆ If you are unsure about which head lice treatment is best for your child, ask your health care provider. There is no scientific evidence that home remedies are effective treatments for head lice.
- ◆ After treatment, a nit comb should be used to remove nits and lice from the hair shaft. Check hair every 2 - 3 days for the next 3 weeks to continue removing nits and to check for lice. Most head lice treatments do not kill the nits so it is important to remove them. Sometimes the nit comb does not remove all of the nits. You may need to use your thumbnail to pull the nits off the hair shaft.
- ◆ 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 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.
- ◆ Thoroughly vacuum the floor, carpets, upholstery, pillows and mattresses and discard the vacuum bag. Do not use fumigant sprays; they can be toxic if inhaled or absorbed through the skin.
- ◆ Our school has a “no live lice policy”. After your child has been treated, an adult must come with your child to the health office so the nurse can clear them to return to school.