

**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 health care provider. Notify your child care provider or preschool if a diagnosis of head lice is made.
  
  - for informational purposes only.**
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**What are head lice?**

Head lice are tiny insects about the size of a sesame seed. They live and lay their eggs (called “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. An adult louse can live on the human head for about 30 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. Lice are active at night, so sleep may be affected as well. 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.

**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 to remove newly hatching lice. Using a nit comb every couple days to remove nits and lice may help prevent re-infestation. 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. They are 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.

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### Household cleaning for lice

Only items that have been in contact with the head of the person with infestation in the 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:
  - sealed in a plastic bag for at least two weeks, 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.

Note that lice do not live outside of a human body for very long, so intensive cleaning of the environment is less helpful than measures that directly target the individual with lice.

### 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 on mats or cots should sleep at least 18" apart and in a head-to-foot or foot-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. Treatment should be required before returning to care.

### References:

*American Academy of Pediatrics*

- [Managing Infectious Diseases in Child Care and Schools](#), 4<sup>th</sup> ed.

*Centers for Disease Control and Prevention (Website)*

- [Parasites \(Head Lice\)](#). Accessed December 2020.

*Centers for Disease Control and Prevention (Website)*

- [Parasites \(Treatment\)](#). Accessed March 2020.

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