



NATIONAL CENTER ON
Early Childhood Health and Wellness

Head Lice



Families, teachers, and caregivers can become upset about lice. Often, normal activities at home or in child care are disrupted because people become needlessly upset about these insects. Head lice infestations occur in people of all socioeconomic groups and do not represent poor hygiene. Regular washing and bathing do not prevent head lice infestation.

What Are Head Lice?

Head lice are small, gray insects about 2-3 mm in length that hold very tightly to hair shafts. They do not hop or jump, but can crawl very quickly. Lice are not easily transmitted to others without direct head-to-head contact. They can survive only a day or two on items such as beds or helmets.

Lice reproduce by laying egg, called nits. The nits hatch best in the presence of the warmth of the scalp, and the newly hatched louse (a single insect) needs to be near the

scalp to feed on blood. Nits on hairs that have fallen from the body may hatch but the louse dies quickly if not able to feed.

Signs of Lice

- Scratching the scalp or neck, or complaints from older children about itchiness
- Nits (small white or yellow-white bumps firmly attached to hair, most easily seen behind ears and at or near the nape of the neck)
- Redness (from scratching) behind ears and the nape of the neck
- Open sores and crusting from secondary bacterial infection that may cause swollen lymph nodes (glands)



*Lice spread discomfort,
not disease.*

How Head Start Programs Can Address Head Lice

Head Start Programs, as outlined in *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Early Care and Education Programs*, are required to inform a parent when they note symptoms of head lice. Recommendations for dealing with instances of head lice include:

Prevention. Head lice transmission occurs from direct head-to-head contact. Head lice are not usually passed to others by sharing hats, towels or bedding, although sharing these items is discouraged. Protective helmets worn when using a riding may need to be shared when there are not enough for children to have their own. Preventing a brain injury heavily outweighs the risk of head lice. Helmets should be cleaned between users by simply wiping with a damp cloth. Vigorous washing, detergents, sanitizers, and chemicals are not recommended because they cause the helmet and its straps to deteriorate.

Exclusion. Once a child is noted to have lice, staff should avoid activities for the rest of that day that involve children having head-to-head contact with other children and that require children to share headgear or clothing (like dress-up). The child can return the next day after a single treatment with over-the-counter medication.

Because of their close contact with children in their care, staff may also have lice. They may finish the day, and then return the next day after a single treatment.

Policies should not be established that require staff or children to be nit-free before returning because these policies do not prevent the spread of lice. They needlessly exclude children from care and cause unwarranted and excessive burdens on families.

Cleaning. Machine wash and dry clothing, bed linens, and other items that the child wore or used during the two days before they were treated. Use the hot water (130 degrees F) 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 for two weeks. Soak combs and brushes in hot water (at least 130 degrees F) for 5 to 10 minutes. Vacuum the floor and furniture, particularly where the child with lice sat, though the risk of getting infested by a louse that fell onto a rug, carpet, or furniture is very low.

Treatment. Treatments for head lice can be purchased over the counter. Generally, they are safe and effective when used as directed. Some treatments may cause an itching or a burning sensation of the scalp. Most products used to treat head lice are pesticides that are somewhat toxic and can be absorbed through the skin. All medicines used by a family for treatment of lice should be used with care and only as directed.



Tips for Working with Families

Use facts when speaking to a family whose child has been diagnosed with lice. Most families feel a sense of shame about lice. Children pick up on this, and can feel they have done something wrong. Not only are head lice common, insects do not care whether a scalp is clean or dirty, nor whether the parents of a child are rich or poor. Remaining matter-of-fact and providing education about lice and their treatment goes a long way in helping families and their children remain calm about head lice infestations.

Refer to a health provider. Families should be advised to consult with their health care provider for diagnosis and treatment options. Parents should only treat a child who is known to have lice. The diagnosis should be confirmed and treatment advice given for the age and weight of the child.

Educate. Some facts to share with families:

- Cats and dogs do not carry lice and should not be treated.
- Remedies using common household products (eg, salad oils, mayonnaise, petroleum jelly) have not been shown to be effective, and some (eg, kerosene) are dangerous.
- The CDC suggests not using shampoo for a few days after lice treatment has been applied, to give the treatment time to work on any lice that might remain after the initial treatment.

- The American Academy of Pediatrics recommends rinsing all topical lice medication from a child's hair over a sink, rather than while the child is in the shower or bath, to limit a child's skin exposure to the pesticide. Caregivers should use warm water when rinsing, rather than hot water, to reduce the amount of medicine that is absorbed into the child's skin.

Informing other families. You may wish to inform other families when a child has been diagnosed with lice without revealing which child or adult may be involved. For example, "A case of head lice has been detected in the program. Please check your child's scalp and let us know right away if you think your child may have lice so we can work together to limit its spread."





For Your Family Newsletter

Tailor the messages below to include in your family newsletter.

What are lice? Head lice are little insects that do not carry diseases, but they do cause itching. Head lice are common in young children because they play together closely.

How do I know if my child has lice? You should inspect the hair and scalp of your children particularly if they seem to be scratching excessively. Look for nits (little white specs in the hair). Nits are not loose like dandruff, but are firmly attached to the hair.

What else might I see? Sometimes scratching the scalp can cause redness, especially behind the ear or on the neck. If the skin breaks because of lots of scratching, sometimes the bacteria that is normally on the scalp can cause bumps. Lice themselves do not cause skin infections.

What do I do? Talk to your child's doctor about lice medication. Do not apply lice treatment to the hair or scalp of children younger than 2 years without speaking to a health professional. The medication has some toxicity and proper use should be discussed before using these treatments in very young children. Everyone who lives in

the home should be checked for lice every few days for two weeks and treated if signs of lice are found.

What about staying home? Your child will not be sent home early and can attend child care once they have received a single treatment. Some treatments may need to be repeated (see the instructions) but your child can return after the first one.

Do I need to disinfect my house? Washing bed linens may be helpful, but lice do not survive off the body for more than a day or two, so rigorous cleaning is not necessary. Anything you can't launder or do not wish to launder can be sealed in a bag for two weeks. Do not fumigate—this is toxic and the likelihood of infestation from a louse that has crawled or fallen off is small.

Resources

Resources Available on ECLKC

[Ask the Expert Series: Head Lice](#) (audio)

[Dealing with Head Lice in Group Settings](#)

Other Resources

[Head Lice](#) (Centers for Disease Control and Prevention)



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View other topics in the Embracing Health and Wellness Series on the Head Start Early Childhood Learning and Knowledge Center website: <https://eclkc.ohs.acf.hhs.gov/health-services-management/article/embracing-health-wellness-series>

Our Goal: To help Head Start and Early Head Start programs implement best practices and effective approaches within the areas of medical and dental care access, health awareness, healthy active living, emergency preparedness, and environmental safety to support healthy outcomes and school readiness for young children and their families.

Contact Us: The National Center on Early Childhood Health and Wellness welcomes your feedback as well as your suggestions for topics for future resources! Please forward your comments to: health@ecetta.info or call us at 888-227-5125.

School readiness begins with health!