Ask the Expert: Head Lice

Kimberly Stice: Welcome to the Head Start National Center on Health "Ask the Expert" podcast, yielding questions from early childhood educators and professionals supporting children's health in a variety of Head Start and childcare settings. This is Kimberly Stice, manager of Head Start Integrated Initiative for the Head Start National Center on Health at the American Academy of Pediatrics.

Today we are speaking with Dr. Sue Aronson and Dr. Barbara Frankowski. Throughout her career, Dr. Aronson has worked to improve the quality of care for children in group programs. She is the co-editor of the AAP publication, "Managing Infectious Diseases in Childcare and Schools: Third Edition." Dr. Frankowski is a professor of pediatrics at the University of Vermont College of Medicine. She served on the AAP Council on School Health and co-authored the AAP clinical report on head lice.

Today, we are fielding questions about head lice. Drs. Aronson and Frankowski, thank you so much for spending time with us today. Let's start by talking about what kind of athletes these little guys are. Barb, what do you think? How do lice move from person to person or place to place?

Dr. Barbara Frankowski: So, head lice stay mostly on the head, and they crawl really, really fast. If you look at them under the microscope, they have no wings and they have really short, stubby legs, so they can't jump. But if you brush dry hair in a dry environment, sometimes you can set up some static electricity and that can propel them through the air, although that doesn't really happen all that often.

Kimberly: Great, okay. Good to know. So how would someone identify an infestation of head lice?

Dr. Frankowski: So, although seeing live insects is proof of an infestation, the lice, like I said, crawl so quickly that it might be hard to see them. Adult lice look like light brown sesame seeds moving really quickly. And if you see firmly adherent, oval-shaped eggs or nits about the size of a small knot in a thread or the head of a pin, and if you see them within a quarter of an inch to an inch of the scalp, then live lice are likely to be there also. The best place to look is at the hair at the nape of the neck, and that's your best chance of seeing lice or eggs. And be sure not to think that dandruff, scabs, or hair spray droplets are nits. Nits located more than an inch from the base of the hair shaft are most likely to be already hatched or empty, unless the hairstyle puts the hair that is farther away from the scalp right against the scalp. So that would be an example of kids who have braided hair that's right up against their scalp. And empty nits are harmless, but they're hard to remove, and they're a sign of past infestation, not a current problem, and the most common symptom of head lice infestation is an itchy scalp. So you'll see children scratching the scalp, especially the nape of the neck or behind the ears.

Kimberly: So, as pediatricians, what treatments would you recommend?

Dr. Frankowski: Well, the best way to treat head lice is to use an over-the-counter preparation that contains the pediculicides permethrin or pyrethrin and follow the instructions carefully. Since these products don't kill all the eggs or nits, a re-treatment is often recommended in

seven to nine days. If there's resistance to these products that you know about in your community, if the child is too young, or if the parents don't wish to use the chemical pediculicide, parents should check with their healthcare provider for further advice, or consider manual removal. So Dr. Sue, can you tell us about manual removal?

Dr. Sue Aronson: I can, and I would also like to encourage parents to check in with their health professional anyway, because the health professional's most likely to know whether or not a particular remedy that they might be tempted to buy in the drug store is one to which the lice and nit community have become resistant. And you don't really want to unnecessarily treat with something that's not effective. So a call to the health provider, who may not want to have the child come into the office, but at least can discuss the situation with a parent over the phone, and if they feel a visit is needed, then that can be arranged, would – is a good idea.

And really the only non-pesticide treatment that reduces the population of lice is combing out the nits and lice with a very fine metal comb. There are special combs that are used just for this purpose and they come along the hair and it's hard to detach those, those nits that have such tightly glued themselves to the hair shaft. So that is not an easy thing; it's pretty tedious, too. It has the advantage of allowing the child to be observed for re-infestation. If you get out the stuff that was there and then you see new stuff, new nits in the hair, then that tells you that perhaps the child has been exposed again and gotten re-infested. That can help because sometimes, especially in groups with very young children, lice sort of go around and become shared opportunities in the group to participate in this lice problem.

The technique really involves combing out small amounts of hair at a time. You just take a small bit of hair and then use a small hair clip to hold that combed hair away from the hair that has yet to be combed until all the parts of the hair have been combed. And if you wet the hair ahead of time, then the comb slips through the hair better. But one caution about wetting the hair. You want to wet it only with water, because as the Centers for Disease Control point out, if you use conditioner or shampoo with conditioner or you use any other occlusive product that coats the hair, then any pediculicide that is applied to the hair after that's been done might not get through to the hair, because the conditioner acts as a barrier to keep the treatment from actually reaching the lice. So when you comb, you comb through, and then, if you have a wet paper towel, you can wipe whatever you've picked up on the comb on the wet paper towel. It gives you a chance to see what you got out of it, but it also means the comb is now free of whatever you captured.

There's a really great video that illustrates how to do this combing, how to go about it. It's on the website of the American Academy of Dermatology at www.aad.org. And if you put the search term in, "head lice," it comes up and you can see the demonstration of how to, how to comb the hair. So again, remember not to shampoo the hair with anything that has conditioner in it or to put conditioner on. And the other thing the CDC warns about is not to rewash the hair after you've applied the lice-killing treatment for at least one to two days to give the medicine a chance to work and to give any nits which hatch in that time a chance to get killed by the pediculicide that's left on the hair. And you really want to be sure that the, there's no further need for beyond what is recommended for that particular medication for applying additional treatments. You don't want people being treated over and over again with these materials.

So, people worry about the possibility that the child might get the lice back again from their personal belongings; children cuddle up to their stuffed animals and they may be wearing dress-up hats in a dress-up section of the room, or it may be winter and they're wearing a nice warm, fuzzy hat. If you're concerned about any of those objects having lice in them – although the lice really like to stay close to the scalp but not crawling somewhere else – but if you're concerned, you can simply bag those materials in a plastic back or take them home and wash them in hot water and put them through the dryer. The plastic bag approach is good for anybody who can't put something in the washer or for articles that don't go in the washer and dryer well. And if you keep those objects in the plastic bag for a week or two, any live lice will have died without their necessary blood meal and any nits that were on any pieces of hair will have died for lack of warmth from the scalp and nourishment by hatching. So you can always use a plastic bag approach for the personal belongings.

Kimberly: That's good to know. Dr. Sue is it okay for childcare and Head Start programs to assist families by providing nontoxic kits, or is that considered diagnosing and treating, and therefore maybe not encouraged?

Dr. Aronson: Well the only nontoxic kit that really works at all is the comb, and that's a very tedious process, as we've just described. But while educators might strongly suspect that somebody has lice. The actual bugs are unlikely to be seen because they move very fast to avoid the light. And it's very common for people to mistake dandruff casts for nits or to see something else that they think are nits but they, in fact, are not nits, which are just so very tightly attached to the hair that it's very difficult to remove them. So diagnosing and treating without discussing with a health professional about what you're looking at and what to do about it, it's just not a good idea.

As I indicated before, it depends upon the community, whether you are – some population of lice that are going around that are resistant to one product or another, and there is a list of alternatives that physicians can choose from depending upon the circumstances. So most healthcare professionals take phone calls from parents of young children. Those who care for young children know that they need to interact with parents easily. And it may be that the office nurse will be able to give the information, or the nurse practitioner, or the doctor may want to have a conversation about what available treatment should be used. Now it's not usual for you to need to go in and have a visit, but if there's a question about what you're seeing, sometimes an office visit is helpful. And so, it really is an important thing to get that advice and not to say for certain that you know that this child has lice without having the family consult with a child's healthcare provider. And you don't want to expose children to these chemicals that if they won't benefit them and actually delay effective treatment.

Dr. Frankowski: This is Barb. I was just going to add that some childcare facilities might be able to provide a fine tooth nit comb for the parents to have around if they need it. Sometimes you can find places where you can buy them at a discount for if you're buying large quantities. And some places will even donate a supply. So it's something that might be helpful to look into, and then you can just give one out to all the parents so they have it when they need it.

Kimberly: So Barb, should programs exclude children for live head lice only, or for both nits and live head lice?

Dr. Frankowski: So that's a great question. When you find live lice and nits, the child, most likely, has had the infestation for several weeks, and therefore, that child is no more contagious the day you discover it than she was the day or the week before. So there's no need to send the child home right away, but you do want to let the parent or guardian know as soon as possible so they can be prepared to treat their child. So if the parent wanted to pick up a product on the way home to use, make sure they have a comb. Or if they wanted to call their healthcare professional before they came to pick up their child at the end of the day that would be a great opportunity. So Sue, why don't you tell us what the childcare providers can do to decrease the chance of transmission to other children on the day of discovery of the head lice?

Dr. Aronson: Well that's really an important thing for the childcare providers to be prepared to handle, because this is a very common problem, and it's good to have policies and procedures in place to have everyone prepare to just go routinely into the management of the situation. So the first thing, as you've mentioned, is the child needs to be excluded at the end of the day, but it's a good thing to be calling the parent and let them know that we have something to talk about when you come. It's not the best thing to do to necessarily tell them over the phone, but as you point out, if they're going to be calling the health professional office, you might want to give them a chance to do that while the office is receiving calls during the day.

So for the childcare program, you want to set up the curriculum so that you're avoiding activities that might bring the children's heads together. And that can be quite challenging if you've got a bunch of infants crawling around on the floor, or if you have toddlers running around like little Mack trucks without drivers, as toddlers tend to do, to keep them from putting heads together. But for example, you can avoid deliberately setting up things like building with blocks as a group in the middle of the floor, which is likely to put heads together. You can avoid games that require that children crawl over one another, and try to provide opportunities for children to do things that they can be physically active and jump up and down, and then do fine motor things without necessarily clustering their heads together. And again, while you're, you've notified the parent that there's a reason why we need to talk at the end of the day when you pick the child up, you want to gather the child's personal belongings in a plastic bag and bag any shared headgear, including things that have been in the dress-up corner and used. You don't want to single the child out, so find the activities that everybody does that keeps the heads from touching one another, or doesn't involve shared clothing. The headgear in the shared – in the dress-up corner probably should just be taken and put into a plastic bag for now.

And the child can return as soon as a treatment is used to reduce the population of lice, even though the product may require another treatment in seven to nine days, as you mentioned, Barb. And during that period, it's a good idea to avoid head-to-head activities until the infestation is no longer a problem. So, it becomes a way that you need to have a list of activities that avoid head-to-head contact that you can draw on in this situation and implement it without having to go through a lot of new thinking in the midst of a program day.

Kimberly: Dr. Sue, you're heading right toward one of the most popular questions we hear at the National Center on Health. So, once you've identified that the child has head lice, they don't need to go home right away; they can stay through to the end of the day. But then, when is the child allowed back in the class? Is that when they're nit free? Or is it when the family has shown that they're – they've given the child some type of treatment? What's your recommendation?

Dr. Aronson: Well children can rejoin the group when they've had one of the treatments that is approved for that child's age. And again, remember, you need to find out about the susceptibility of the lice in the community before you go off and use some treatment that the pharmacist may suggest to you, or you find in the store. There are over-the-counter products that are approved by the Food & Drug Administration, and there are also a list of approved medications that the Academy of Pediatrics makes available to its members, and the CDC has a list of the approved medications, as well. And there's also a list on the parent website for the – the Academy has for parents and families to use, HealthyChildren.org. So you can find out what possible products there are, but it's really still best to consult with a health professional before initiating any treatment so you're sure you've got the right one, and that you then need to follow the instructions on that particular material.

Removing all the nits is not necessary when you're using the product because a child – most of these products will be treated again in seven to nine days to kill anything that's newly hatched. And, you really want to stick to that seven to nine days or whatever the medication requires, because you want to kill off any newly hatched ones before they get to lay more eggs. So, you've got to follow that schedule that comes with the product. And requiring that the child is nit free to return has not proved to be effective. It's a great idea to think that it might have been, but unfortunately when researchers have looked at whether the nit-free requirement reduces the spread of lice in the group, it doesn't. It's no better than just letting them come back in. Removing as many nits as possible, as I mentioned before, can be helpful because you can be confused with the nits still there about whether this child has really been successfully treated or just simply has a new infestation. And, you don't want to get confused and repeatedly treat with these materials. You would really like it to be limited to the necessary treatment.

There is easy-to-understand information available in both English and Spanish on the CDC website at www.CDC.gov/lice, or you can just simply search on the CDC website, CDC.gov, for head lice. And there's also the information on the website of the American Academy of Pediatrics, and I mentioned before, that's at the children website, which is www.HealthyChildren.org. And again, you search for head lice on those websites and you'll come up with some very useful and clear information. And both of them have information in English and Spanish. And don't forget: be sure to discuss the questions about how to treat the head lice with your child's – with the child's healthcare provider so you get the most effective treatment the first time around.

Kimberly: And Dr. Sue, I want to revisit something that you mentioned, that most of the treatments will require the child to be treated again in seven to nine days, but that doesn't necessarily mean the child needs to stay home for that entire seven to nine days before the second treatment. Right?

Dr. Aronson: Right. The child can come back after the first treatment. And that will reduce the population of lice; it may actually wipe most of them out, but oftentimes not all of them. So again, you want not to have the head-to-head activities during the period when the child might still have some lice. But, the child can come back as soon as the initial treatment is started. And you know, I think it's very important how you talk with families and how the staff deal with this in the program to keep it from becoming something that people get panicky over or hysterical over; at the same time, not being particularly condescending about it, because it is upsetting when parents are told that their child might have lice. So you want to be calm and talk about it

in a calm way. And it's not a disease; it's just a nuisance. It really doesn't – lice don't cause disease, they just cause a symptom that is very uncomfortable, the itching. And it makes people feel uncomfortable to think that there are bugs crawling around. We're very bug-phobic people. But it's important that we are not overly zealous about keeping children out. They can come back as soon as they've had an initial treatment.

Kimberly: So what strategies would you recommend for talking to parents whose child has chronic head lice?

Dr. Aronson: Well actually, I work in a program that I started now 27 years ago at the Pennsylvania chapter of the Academy of Pediatrics. It's called the Early Childhood Education Linkage System, or ECELS, and we received a question from a – an inquiry from a director, which is the kind of work we do – we give advice to the childcare providers in Pennsylvania and to the other staff who work with childcare providers and Head Start programs. We had someone call us and tell us they wanted to know what to do because they had a child who has chronic head lice, and it's been going on for months and months, and the child has still got head lice. And the advice that the staff at ECELS gave is pretty good general advice that anyone might use in dealing with this in their program. First, you got to be sure that the child actually has head lice and not dead egg casings. Those nits, the egg casings, it can be very hard to remove. So, you want to be sure that you're not really thinking the child is re-infested when they're not. And you need to get with the supervisor of the program so that you can work out a strategy for how you're going to approach the informing of the family and the possible need to look at the rest of the group.

So if you're in doubt about the presence of lice, then you can work with the family to help them and support them in combing out the child using the technique that I mentioned, as shown on the website of the American Academy of Dermatology at www.aad.org. And it's a tedious thing, but if the family's really just not been able to get it done, sometimes they can get it done if it's done in the childcare program with a childcare staff person helping them. So the ECELS staff said, you know, first, make sure that they really do have head lice, and help the family and support the family in trying to look at what you can comb out. And then, you need to look at whether the child's infestation is spreading to others or if it only involves that child. And so, you know, you can do a head check for the group and not single out that child and make the child feel badly, but look at everybody's head; it can become an activity. Oh, we're going to see whether the hair is nice and soft, or we're going to see whether it's curly or is it straight, and look at all the different kinds of hair we have in our group. Now you can do that while you're looking at the hair without making a fuss about what you're looking for.

And then with a supervisor, you want to plan the conversation that you're going to have with the staff who are involved and the child's parents, so that you talk about, factually, what this is about and what we're going to need to do. Engage – in this case where the child seems to be having repetitive episodes – engage the child's healthcare provider to really evaluate the situation and give advice to the family. And you can give information to the family, like the quick reference sheet in "Managing Infectious Diseases in Childcare and Schools." There's a nice one about lice, and you are free to copy those quick reference sheets from that book. So that would be a good handout, or one of the handouts from the websites that I have mentioned before. So that, give that to the family and you can share with the child's healthcare provider what you've

given them, so that you can all work together singing the same song and about, you know, how to manage this.

Any other infested family members should be evaluated and treated, and that should be recommended that the other family members are checked. And that was something that the ECELS program suggested to the family; they hadn't thought about whether or not they might look at their own heads at home. And then it was suggested they launder a bag for a week or two, any personal articles that they couldn't launder and put through the dryer, and just keep them so that there wouldn't be any live lice left. And then they were to support the family about how hard it is for the family to deal with these repeated episodes and how difficult this is to have this in their life, and to have to be asked to do the treatments over again, and reassuring them that it was an annoyance, not a significant cause of illness.

Finally the ECELS staff suggested that if those approaches don't seem to suffice or to be enough, then you could arrange for a home visitor – and early Head Start programs have home visitors – or a public health worker or a Visiting Nurse Association nurse, who can might go to the home and provide in-person support to the family and make sure that they're able to use the recommended measures. And in this case, this particular situation where we had this call, this advice was given to the director and home visiting was not required, because once they put a nice collaboration together to support the family with the healthcare provider and with the staff who were taking care of this child, the problem got solved.

Kimberly: So what would your recommendation be for any lice-infested child? Some specific strategies about talking with the family to help them to not be worried that this is something that's shameful, or something to be worried and embarrassed about.

Dr. Aronson: Well this kind of echoes what it was that the ECELS staff gave, the advice they gave, to this particular program that had a child that appeared to have chronic lice. But it would be good to have this written up in a policy and procedure that you can just pull out when you need it, to remind yourself about the steps you should take. So, the first thing you want to do is to prepare to speak with the parent in a private place, using a tone that expresses concern for how this news makes the parent feel, and offer to help and give them information about lice. If you avoid any sense of panic or being upset in your own voice, you will be modeling for the family how they might respond. But keep the conversation confidential so that it doesn't start spreading around in whispers that make people very anxious. So that's the first thing: a confidential conversation in a private place. And you might alert the parent during the day that you have to have this conversation when they come to pick up the child so that they are prepared to hear about what the concern is. And if the child does not need to be picked up until the end of the day, that can be reassuring; and tell them that the child is really having a very good day, but you wanted to contact them before pickup time to let them know you need to have this conversation with them, and it gives them the opportunity to check in with their child's healthcare provider while the office is open.

And then the third thing is to explain how the technique involved in your routine check of children – which you should be doing every day for everybody – the daily health check, during your doing this health check, you happen to see this evidence of what seems to be live lice or nits close enough to the scalp to suggest that live lice are there. So you weren't doing something unusual, you were doing the routine and that's how you saw the nits and the evidence of lice

that you, made you concerned. So it's a routine; you weren't singling the child out. A routine procedure that led to it. And then explain that the condition requires exclusion until the child is treated, which can be done at home, and then allow the child to return right away. You want to be sure that the remedy that is used, though, is the one that is likely to be effective. So you want to have a health professional involved in making that recommendation.

And then the next thing is to share a printout or a photocopy of a handout about lice in English or Spanish—whichever is appropriate to the family – that has up-to-date and appropriate information. You don't want to just hand this paper to them. You want to go over it, because some families really find it difficult to read some of these handouts, even if they're written at a low-literacy level, that even very smart people get upset about what they're hearing about it and they may have a hard time just getting out of a piece of paper what it is that you want them to learn. So going over what you're handing out is a good idea. And we've talked about the sources of those handouts.

And then give the parent a letter that confirms the program policy and what it is that you need to have them do, going over it one by one. There is a sample letter in "Managing Infectious Diseases in Childcare and Schools," which you can use to inform the parent about what the situation is, and you can kind of staple that to the handout about lice. And the letter just simply advises them to use the information in the handout. And then give the parent the child's personal items in a plastic bag, and explain that they should be washed in hot water and dried in a hot dryer, or just kept in the bag for a week or two so any lice or lice eggs on these objects will die. And remind them that the lice and the nits need to be warm. They like it cozy, up by the scalp, so anything that's more than a quarter of an inch from the scalp is probably not anything that's alive. So that can be reassuring to them. So Barb, you know, what do you think about the child who never seems to get rid of the lice?

Dr. Frankowski: Well Sue, thank you, because those are really excellent suggestions to keep parents calm and focused on the problem and not embarrassing the parents or the child. But for the child who never seems to get rid of the lice, or who seems to have one infestation after another, I would strongly encourage the parent to be in touch with the child's healthcare provider to both confirm the diagnosis and see if there's other treatment options that might be more effective, because I would hate to have parents wasting their money on over-the-counter products that are not effective. And like you've said before, we don't want any products or chemicals on the child's head any more often than is necessary. And so definitely check back with your child's healthcare provider if things don't seem to be going well.

Kimberly: So sometimes the parent may be the one to realize their child has head lice before the care provider has realized it. Should parents be required to report to the schools or the childcare setting if the child has head lice?

Dr. Aronson: Well at enrollment, you want to have the parent be informed that anything that goes on in the family or goes with, happens with the child that's out of the ordinary routine should be shared with the childcare program so that the child's needs can be met in the program, and that the program and the family can work together to make sure that things go as well as they possibly can for the child, both in the group program and also at home. So even things like that there's another person in the family who's ill, or that the child was up during the night or has anything that is out of the ordinary should absolutely be reported. And if there's not

a regulation in most states that make it a requirement that the parents report, but there can be easily the childcare program or the Head Start program policy that parents are encouraged to report anything that is unusual. So yes, the answer is parents should be encouraged; and, it's pretty hard to require them if they don't want to tell you something. But they should be encouraged to report to the school if they think their child has head lice.

Kimberly: So should all parents in the classroom be notified if one child in the classroom has been identified with head lice?

Dr. Aronson: That's a policy and procedure that should've been discussed and planned ahead of time with a supervisor, so that you know what you're going to do. For example, in an infant group or in a toddler group where the kids are really climbing all over each other all the time and crawling around and bumping heads, you probably do want to notify all the families and you want to have the information go to the other families without revealing the identity of the child who is infested. You're, again, respecting the confidentiality of the relationship you have with that particular family, but you can still say, "There is a child – We've had what we think may be lice in this group. We would like you to join with us and watching your child's head to be sure that we know right away if there is a problem." And you give each parent a handout that describes the lice and lice management using the information that we talked about several times on the AAP website at www.HealthyChildren.org, in English or Spanish, and on the CDC website at www.CDC.gov, in English or Spanish, and you search for "head lice," or you can copy the handout from the AAP book, "Managing Infectious Diseases in Childcare and Schools." So those are the sources that you would give to everybody in the group, along with a note which you should've crafted beforehand about, "We have had a case of," and you can fill in the blank, "what we think may be lice. We would like your cooperation in watching your children for this condition." You would have that kind of a form that you would use for anything that was of concern in the group.

And it's a good idea for all the children in the group to be checked. And, you know, childcare and classes for young children are a lot like an extended family, and teachers can check if they feel comfortable and know how to do it, but it's also good to ask each parent to check his or her own child. And if all the infested children are treated around the same time, it's easier to get rid of the problem. If you have a health professional who is involved with your program, like a health coordinator or a childcare health consultant, who can teach everybody how to check easily. That can be a good way to be sure that you know what you're doing. Or you can simply just do the combing of the individual pieces of hair or the separation with a popsicle stick – kind of like chopsticks almost – to separate the hair down to the place where you can see the scalp to go ahead and check.

Kimberly: We're talking about doing a check for all the children in a group setting. What recommendations do you have? So, for example, should the teacher wear gloves and change them after each child? Or should they – do they need to wash their hands between each child?

Dr. Aronson: Well you would need to wear gloves only for things in which you're likely to come in contact with a body fluid, and that's not likely to happen while you're checking a head. And you should wash your hands before you eat and after you've had contact with any kind of body fluid, but that's, again, unless you're leaving the checking and going off to have lunch, you don't need to wash your hands before you check another child's head.

These little critters are happiest if they can stay really close to the scalp. They're not going to jump and they're not going to fly. And so it's a question of looking for the nits. And if you happen to catch one of those live lice moving very quickly out of sight, it would not be jumping or coming off in a place where you need to worry about your hands. You can use popsicle sticks, as I mentioned before, to separate the hair and look and really pay attention particularly to the area behind the ears and around the nape of the neck; and that's often where you will have seen a child scratching. You don't need to wear gloves, but be sure that you check everyone, that you don't single out an individual child in the group, but everybody gets their hair checked. And it's a good time to talk about children have different color of their hair, they have different texture of their hair, and it's all very beautiful, and look at all these wonderful differences that we see among ourselves, and isn't that are all very lovely. It's one of those lessons that early childhood people teach is we have different sized feet, and we have different color eyes, and some of us are taller and some of us are shorter. You can work that into the curriculum the same way you would those other opportunities to have children understand same and different.

And so the nits that you're looking for are like these little grains of sand tightly glued to the hair, and again, within a quarter inch of the scalp. And remember, they don't have to – children don't have to go home immediately if you find them, and you want to make sure that your policy and your procedures are very clear and prepared in advance so that you don't feel the sense of urgency to try to figure out what you're going to do. Because lice are very common, in the fall particularly, but in childcare group care programs they are very common. You really want to keep calm.

Kimberly: That's a very good point Dr. Sue. I know that once a child's identified with lice, or we've seen lice in a classroom, there's a tendency to get really concerned and be very worried about, "Oh, now everyone's going to get it." And, "What do we do?" And, "What do we need to do differently?" So what are your recommendations on how to help calm things down and reduce the panic among staff and families after one child has been identified with head lice?

Dr. Aronson: Well first, nobody needs to know it's one child. So if there is any child or more than one child, you would want to inform the parent or parents of that child, and you ought to have this procedure we've been talking about already prepared so that you're not scrambling to put it together. The most important things is, are two E's: education and empathy. You want to educate people about lice, but you also want to express their understanding that a lot of people, it makes them very uncomfortable to think about bugs on their children's heads. We have a very bug-phobic kind of culture. And so it helps to learn the facts and to actually learn what works to make the problem get better.

Now you don't want to poo-poo the concerns because they are very real, and you want to show your support for the fact that it is, it can be upsetting but in fact it's not a disease, it doesn't cause a sickness; it's a nuisance and it gives a little bit of discomfort because it makes itchiness. But understand and acknowledge how a child and family and teachers feel about the nuisance that lice are. And in Head Start, the education, you know, can be provided by the health manager, if there is a health manager in the facility – some facilities share a health manager across multiple facilities. But, somebody who the staff trusts to give them accurate information is who you would want to tap for this. It might be helpful to have parent education offered by a health professional who's a member of the Head Start Advisory Committee, for example, or by a

pediatrician who is a pediatrician for one or more of the children in the program, or by a nurse or doctor who already has a relationship with the program as a childcare health consultant. We really would like to have every program have an ongoing relationship with a childcare health consultant so that they can be called upon at times like this, to help with educating the staff about how to manage this problem.

Kimberly: That's a great point, Dr. Sue. The Head Start Health Services Advisory Committee could be a great resource in developing these policies and tools and doing some education for staff and families. I'm wondering if either of you can offer some quality evidence-based resources for training parents and staff on identification and treatment of head lice.

Dr. Frankowski: So the American Academy of Pediatrics has pamphlets and good written resources, as well as the CDC, the Center for Disease Control, on their website, and the AAD, the American Academy of Dermatology. Most of those websites have the resources available in English and Spanish. Some suggestions that I would have if you're looking for resources in other languages, are to take the known resources that are effective and evidence-based and bring them to possibly either your local health department, maybe a pediatrician in your area might have resources to translate to other languages, or even your local school department. And those other offices might also be able to use those translated pamphlets in the other languages themselves with parents who are interested. So start with a good known resource, and then have that translated into the languages that you maybe need.

Kimberly: Great. Great resources, great suggestions. So many great points from both of you today. Thanks so much. Barb and Sue, do you have any final words for us today?

Dr. Frankowski: The only other comment that I would make is that when your child goes from childcare to elementary school, what may be done is a little bit different. Childcare is more like a family, and some of the suggestions that we talked about today are based on the closeness of children, of young children in childcare, same as within a family. If you have an older child in elementary school, the procedures might be a little bit different, and that's not because the elementary school is doing it wrong. It's just that it's different in that school setting; it's not exactly like a family setting. So, I just wanted to make sure that if parents come to a childcare provider and say, "Well they don't do it this way at my older child's elementary school," that's the reason, because this is a very different, special population.

Dr. Aronson: Well really I agree with you Barb, because in schools, they are more likely to be seated at desks. We don't expect young children in early childhood to be seated at desks. But having activities that separate children's heads from one another does reduce the risk of transmission, and therefore you might not do anything to look at the rest of the children in the group, unless you start having a problem with more than one of them having lice. So, there can be different approaches once the opportunities for spread are reduced, but having less head-to-head contact and certainly that's frequently the case, that one child in a group does not mean that everybody gets checked.

Kimberly: Good to know. Good points all. Well, thank you ladies. This is all the time we have for today. Thank you Dr. Aronson and Dr. Frankowski for giving us some of your time to talk about head lice. Our next "Ask the Expert" podcast will discuss childhood weight and nutrition with Dr. Sandra Hassink, the 2015 president of the American Academy of Pediatrics. Thank you for

listening today. If you have any additional questions, please contact the National Center on Health at nchinfo@aap.org. Have a safe and healthy day.