You find a child scratching their head throughout the day and you take a look at their head. The yuck factor immediately intensifies when you notice a bug crawling around the scalp. You immediately contact the parents to pick up their child and you also let them know that the child cannot return until a health care provider clears them to return back to care with a note. Is this proper exclusion/inclusion criterion? Let us test your lice IQ!

Answer true or false to the statements below:

1. Lice are dirty and spread disease
   
   FALSE: Lice DO NOT spread disease! However, they are a nuisance!

2. Shaving all the hair on my head will get rid of all the lice and nits
   
   FALSE: This is NOT a proven technique as many times, nits and bugs are still left behind. This is also a drastic measure when there are many treatment options that are not as drastic.

3. You can get head lice just by being in the same room as someone who has a lice infestation
   
   FALSE: Head lice are ONLY spread by direct head to head contact. Lice DO NOT fly, jump, and/or hop. They crawl!

4. Lice only like hair that is not washed and people who have poor hygiene
   
   FALSE: Lice are an equal opportunity parasite. In order to stay alive, they need a human host as they feed on human blood. This is what they are attracted to and not unwashed hair or dandruff.

5. The only way to successfully treat head lice is by my health care provider
   
   FALSE: Head lice can be treated with over the counter products at home.

6. A child must be excluded immediately from care when lice is suspected
   
   FALSE: The American Academy of Pediatrics as well as OCFS have determined that a child suspected of having lice does NOT need to be excluded from care until the end of day. Once the child has received one head lice treatment, s/he may return back to care.

7. The child can return back to care once there are no nits present in their hair
   
   FALSE: The American Academy of Pediatrics and current research shows that “no-nit” policies do not decrease the number of head lice. What they do increase is the risk of misdiagnosis of head lice, the number of days children miss child care, upset parent(s)/guardian(s), and the negative stigma that is attached to head lice.

If you have any questions/concerns regarding head lice or an outbreak in your child care, please feel free to contact Kristin G. Saunders, RN, BSN at (845) 425-0009 x493 or kristins@rocklandchildcare.org.