



## **Head Lice Policy**

### **Introduction**

Head lice are a common problem, which can affect the whole community, adults and children alike. Set out below is a policy designed to aid school, parents and the community to tackle head lice together successfully.

### **What are Head Lice?**

Head lice are small, six legged wingless insects which are pin-head sized when they hatch, less than a match stick head size when fully grown and are grey/ brown in colour. They live close to the scalp at the base of the hair, where they find both food and warmth. They feed through the scalp of their host. The female louse lays eggs in sacs which hatch in 7 to 10 days. These eggs are called nits and are usually white in colour.

*A head lice infection cannot be diagnosed unless a living louse has been found on the head.*

Head lice cannot swim, fly or jump; they are contracted only by direct head to head contact. Anyone with hair can catch head lice.

### **Identification and Responsibility**

Initially the identification, treatment and prevention of head lice lie with the parents.

*School cannot check a child's hair for a head lice infection.*

### **Head Lice in School**

*If Head Lice are seen or suspected...*

If head lice are seen on a child's head in school an 'alert' letter will be sent home to the child's parents. (Appendix 1)

*If an infection is confirmed...*

An 'alert' letter is sent home to the child's parents. Issue of this letter should be handled sensitively, and take account of the needs of parents who may have difficulty in reading, or for whom

English is not their first language.

Send an alert class letter to all parents in the affected class alerting them to presence of infestation and advising on the need to check their child and what to do should they find head lice. (Appendix 2)

No child will be sent home because of a head lice infection **unless** it is causing severe discomfort/ distress to the child in question. Exclusion should not be used to manage a head lice infection.

Families with continuing or recurring head lice infection should be assisted and supported, as they would be if their child contracted any other infection. School should sign post to other health care professionals to give family support.

### **School's Role**

Children new to the school will receive the current version of 'The Prevention and Treatment of Head Lice' Department of Health leaflet in their introductory packs for parent information.

(Appendix 3)

School will also advise parents to contact their GP, Health Visitor or School /Nurse if they have any concerns.

Regular head lice information and head check reminders will be put on school website and newsletters.

School policy will be available for parents to read on the school website and at the school office.

### **Safeguarding Children**

Repeated head lice infection **may** be symptomatic of other family stresses or neglect. If a member of staff in school/ volunteer has any concerns they must talk to the designated child protection officer in school.

<http://www.nhs.uk/Conditions/Head-lice/Pages/Introduction.aspx>

## Appendix 1

Dear \_\_\_\_\_ (Parent)

I am writing to inform you that your child \_\_\_\_\_ (name) has been found today to have head lice present in their hair.

Please ensure that the living, moving lice are out of the hair before returning your child to school. There is no reason why this should involve your child in missing any school time. If you thoroughly comb the hair with a fine toothed “nit” comb the adult lice will be removed. However, any eggs present may continue to hatch out and constant vigilance and repeated combing or treatment is necessary.

We cannot prevent head lice ever appearing at school, but we can with your cooperation, prevent mass infestation – together we can keep the misery of head lice to a minimum.

Enclosed is a information leaflet to give you some more information.

Yours sincerely

## Appendix 2

### IMPORTANT INFORMATION FOR PARENTS OF CHILDREN IN YEAR

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I am writing to inform you that at least one member of your children’s class has been found to have head lice present in their hair.

Please check your child tonight for any signs of infection. Here is some advice from NHS Trust.

*“Diagnosis of head lice infection can only be made by identifying a living moving louse. Detection combing is the only reliable method of diagnosing active infection.”*

If you require further information please look on the school website [www.hollygroveschool.co.uk](http://www.hollygroveschool.co.uk) under parents – policies.

Mrs. D. O’Hare

## **INFORMATION LEAFLET FOR PARENT/CARERS FACTS ABOUT HEAD LICE**

- Head lice are small insects which are usually found close to the scalp where there is warmth, food and shelter from detection.
- They cannot fly, jump or hop and are spread where heads touch each other.
- Head lice are very common and affect most children some time in their life.
- Most head lice infections are not caught in school.

### **HOW CAN I PREVENT/DETECT/TREAT HEAD LICE?**

#### **1. PREVENTION**

Children should have their own comb and be taught how to use it. Combing hair at least twice a day and regular shampooing and conditioning will help to prevent any head lice infection becoming established.

#### **2. DETECTION**

- Shampoo hair and apply plenty of conditioner to make the hair wet and slippery.
- Comb the hair from the scalp outwards, section by section, with a fine plastic tooth comb, a detector comb, (available from chemists) for at least 10 minutes over a sink, bath tub or disposable towel. If lice are present they will fall out or stick to the comb. Please note that medical advice suggests that if there are no moving head lice, the child is not considered to have head lice.
- The comb should be washed with water or wiped clean with a paper napkin between each stroke.
- Repeat this method as often as required, e.g. at routine hair washing sessions.

#### **3. TREATMENT**

Wet-combing method

It is recommended that this is a safe and effective way of treating head lice and should be used first before considering the use of insecticide lotions.

- This method of treatment should be carried out every 3-4 days over a 2 week period (a total of 4 sessions over 2 weeks).
- The principles of this method (sometimes called the “bug-busting” method) are: WASH, RINSE, CONDITION AND COMB.
- This method is as follows:
  1. Wash the hair with ordinary shampoo.
  2. Put ordinary conditioner on the hair
  3. Then either sitting upright or bowed over a sink, whichever is most comfortable, comb the hair with a wide-toothed comb to straighten and untangle the hair.
  4. Untangle the hair using a close-toothed comb or lice detector comb purchased from the local pharmacies.

5. Slot teeth into a section of hair, right at the roots, touching the scalp gently.
6. Check the comb for lice between each stroke. Remove lice by wiping the comb on kitchen paper. The lice caught between the teeth should be removed with a cocktail stick or nailbrush.
7. Work all over the head, section by section, combing and cleaning until the comb comes through louse free.
8. Rinse the hair, leave hair dripping wet. Use a wide toothed comb to straighten and untangle the hair again.
9. Keeping the hair wet, use the lice detector comb to comb the rinsed hair. Work all over the head until the comb comes through louse free. Once it is known that one member of the family has lice, the whole family should use this method to see if they have head lice.

### **Treatment with Insecticide Lotions/Rinses**

- Insecticides are used when the wet combing method is not thought to be effective.
- Insecticides should only be used if live lice have been found in the hair – it should not be used to prevent head lice, only to treat the condition.
- Insecticides are available from a pharmacy, without a prescription. It is important to follow the instructions carefully. After treatment the wet combing method should be used to check for head lice and to remove the dead eggs.
- A second application is recommended seven days after the first one, but if the lice reappear to be unaffected by the product (some lice may have developed resistance to be particular insecticide) or if the problem persist, you should seek advice from your GP, who can advise you on further treatments which may be only available on prescription.
- It should be noted that chlorine may lessen the effect of some insecticides and it is recommended that if the child has been swimming in a chlorinated pool in the 72 hours before treatment the hair should be washed and dried before lotion is applied. Swimming should not be banned after treatment.
- Insecticides need to be used with caution by pregnant women, nursing mothers, infants under 6 months and on a repetitive basis.
- Evidence indicates that the uses of insecticide lotions as treatment are successful, but insecticide shampoos are considered to be ineffective in the treatment of head lice.

Remember to let your child's school or nursery know that you have found head lice and have undertaken the appropriate treatment.

Remember, regular shampooing, conditioning and daily combing of hair will reduce the chances of head lice being found in the child's head.

NHS – Prevention and treatment of Head Lice