Headlice Policy

St Leonard's CE Primary School

Document Control	
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'Providing good soil from which our FRUITS can grow' – based on Matthew, 13:8

Curious Minds. Kind Hearts. Big Dreams.

Rationale

St Leonard's Primary School is aware of the national community problem of head lice and how it can sometimes affect children of a primary school age at home and in school. In carrying out the school's responsibilities, the Headteacher and staff members will follow the guidance given by The Health Protection Agency North West in their publication "The Prevention, Identification and Management of Head Lice Infection in the Community" (November 2010).

Copies of the document can be found at www.hpa.org.uk and in the guidance provided by Lancashire County Council's Occupational Health and Safety Management System.

This policy sets out the duties and responsibilities of parents, the school and the Health Authorities in dealing with head lice. It sets out what school will and will not do as well as providing some practical advice as to how to tackle head lice.

Information

What are head lice?

A head louse is a tiny six-legged insect. It is approximately the size of a pin head but can become the size of a match head. It is greyish brown in colour but both the louse and the eggs it lays can change colour to match hair colour.

Each leg ends with a claw which grasps the hair which is how it moves around the hair close to the scalp. A louse does not walk on the scalp and has difficulty walking on flat surfaces. The louse feeds only on human blood, approximately five times per day. The louse eggs have an incubation period of seven to eight days, within 7-14 days of hatching the louse becomes an adult, begins to mate, and the females start to lay eggs. Live eggs are skin coloured, whereas the cases of dead eggs (nits) are white and remain glued to the hair. Sometimes the appearance of a rash at the back of the neck is the first indication of infection. Head lice cannot fly, jump or swim. They are spread by head-to-head contact and climb from the hair of an infected person to the hair of someone else.

Children are often affected by head lice because they tend to have more head-to-head contact while at school or during play. Head lice are most common in children between 4 to 11 years old although anyone with hair can catch them.

Head lice will not be eradicated in the foreseeable future, but a sensible, informed approach, based on fact not mythology, will help to limit the problem. Head lice infections are not primarily a problem of schools but of the wider community. They cannot be solved by the school, but the school can help the local community to deal with them.

At any one time most schools will have a few children who have active infection of head lice (0-5% of the numbers on roll). The perception by parents/carers and staff, however, is often that there is a serious "outbreak" with many of the children infected. This is hardly ever the case. "Blitzing" a school after several cases of head lice have occurred is not effective as a method of prevention and control. Success is more likely to be achieved by a consistent and thorough approach. (Lancs. County Council, Occupational Health and Safety Management)

Further Information

www.hpa.org.uk or www.nhs.uk

Parents' / carers' Responsibilities

Parents or carers are responsible for preventing, detecting and treating head lice infections in their families by arranging:

- To comb/brush their own and their children's hair routinely to prevent the survival of lice.
- To check hair regularly i.e. undertake detection combing once weekly for signs of infection and also to check amongst close contacts when informed of an infection.
- To undertake "contact tracing" among all members of the family who have had head to head contact with an infected person. Contact tracing means informing people about the head lice infection so they can do detection combing and treat if necessary.
- To promptly treat any members of the family who have a head lice infection.
- To inform the school promptly if a school child is infected.
- To use proprietary lotions only as a treatment when an infection is present and not as a preventative

measure.

- To seek help and advice from the school nursing team as necessary.

School Nurses' responsibilities

The school nurse has a significant educational role for children at school and their families, emphasising that head lice control is the responsibility of the family and:

- Providing information for parents on current head lice policy during the child's pre-school visits or induction period to nursery or reception class;
- Providing information for teachers, pupils and parents on the prevention, detection and treatment of head lice infections;
- Providing further information and support for teachers, pupils and parents when resistant cases or recurrent outbreaks are occurring in the community and causing concern within schools;
- Providing support and advice for individual families as appropriate.

School nurses no longer undertake routine head inspections because research has shown that these did little to reduce the head lice problem. There are a variety of reasons for this. Head lice move rapidly when disturbed and can go unnoticed during routine inspections, and routine inspections often provide parents and schools with a false sense of security. Furthermore, only a proportion of cases occur in school age children so it makes more sense for head lice infections to be tackled as a community rather than a school problem.

Further information is available online at Head Lice – NHS Choices

School's responsibilities

When a child at school has a head lice infection, the child should be allowed to stay in school for the remainder of that day but the parent should be notified and requested to start treatment the same evening if possible. In some cases the head lice infection may lead to discomfort for the child making it difficult for them to concentrate on schoolwork. In these cases school may suggest to the parent/carer concerned that the child is taken out of school to begin treatment as soon as possible. There are 2 methods of treatment, medicated lotion or spray and wet-combing.

Instances of persistent head lice infection should be referred to the school nurse for further advice and investigation.

School will:

- Make sure that the School Nurse is kept informed about cases of head lice infection.
- The nurse will assess each report and may decide to make contact with the parents/carers to offer information, advice and support;
- Keep individual reports confidential and encourage staff to do likewise;
- Collaborate with the School Nurse in providing educational information to parents/carers and children about head lice, but not to wait until there is a perceived "outbreak". Send out information on a regular basis, preferably as part of a package with other issues;
- Consider asking the School Nurse to arrange a talk to parents/carers at the school if there are concerns over this issue. Ensure with the School Nurse that parents/carers are given regular, reliable information. This should include:
    - Instructions on proper diagnosis by detection combing;
    - The avoidance of unnecessary or inappropriate treatments when no infection is
    - present;
    - The thorough and adequate treatment of confirmed infections;
    - Inform concerned parents to seek the advice of the school Nurse, the GP or the local chemist.
- Have a consistent approach to head lice infection.

THE SCHOOL WILL NOT

Carry out physical checks on pupils for head lice. Discuss individual families/children with other parents.

Tell parents to keep children away from school because of head lice. Exclude a child from school because of head lice.

School does not recommend the use of:

Essential oils such as lavender oil or tea tree oil. In their concentrated form they can be toxic if used inappropriately.

Electronic combs which only kill live lice but not eggs.

Repellent sprays. They do not treat an active infection. At the present time there is no research evidence to support their effectiveness.

Based on Guidance for schools on Prevention, Detection and Treatment of Headlice (July 2011)