



Challenge, Equality & Opportunity

Policy for the Management of Head Lice Infection in School

Rationale

Havannah First School is aware that head lice infection is a community problem which often affects children of a primary school age at home and in school. In carrying out the school's responsibilities the Headteacher and staff members broadly follow the guidance given by Public Health as well as working in partnership with School Health.

This policy sets out the duties and responsibilities of parents, the school and School Health in dealing with head lice as well as providing some practical advice about how to tackle head lice.

Information

A head louse is a tiny six-legged wingless insect. It is grey/brown in colour although it can change to match the colour of hair and so is difficult to spot. It is approximately the size of a pin head when it hatches but is larger when fully grown. Head lice stay close to the scalp as they need to feed on blood from the scalp and also to stay safe from detection. They have an incubation period of seven to eight days, within 7-14 days of hatching they become adults, begin to mate, and the female starts 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 nits can be seen further down the hair shaft as they have stayed on the hair as it has grown. Live eggs are much more likely to be close to the scalp.

Sometimes the appearance of a rash at the back of a neck is the first indication of infection. Head lice cannot fly, jump or swim. They often cause itching but not always, and not in the early stages. They are spread by head-to-head contact and climb from the hair of an infected person to the hair of someone else. Head lice are not dangerous and there are very rarely any complications, especially if instructions for treatment are followed.

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 infections are not primarily a problem of schools but of the wider community. 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). Research has shown that parents/carers' and schools' perception that there is an 'outbreak' is very rarely true.

Successful prevention and control are best achieved through a consistent and thorough approach.

Parents/Carers' Responsibilities

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

- combing/brushing their own and their children's hair routinely to prevent the survival of lice
- checking hair regularly i.e. undertaking detection by weekly combing for signs of infection and checking amongst close contacts and family members when informed of an infection
- promptly treating any members of the family who have a head lice infection (only when live lice have been detected)
- informing the school promptly if a school child is infected
- using proprietary lotions only as a treatment when an infection is present and not as a preventative measure
- Seeking help and advice from School Health if necessary (School can put families in contact with the School Health)

School Health Responsibilities

School Health 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 teachers, pupils and parents/carers 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 Health no longer undertakes 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.

Schools' Responsibilities

We cannot and do not inspect children's hair in school. However, when live lice can be seen on a child's head without inspection, we notify parents/carers by telephone. Parents/carers are given advice about how to treat the infection by a member of staff and are requested to start treatment the same evening if possible. School is supportive of parents' choice to take the children out of school during the day in order to begin treatment immediately if this is preferred, especially if children are aware of the problem and are upset or distracted. We do not tell children that they have head lice but if they are aware and ask questions we will answer them sensitively.

Instances of persistent/recurrent head lice infection will be referred to School Health for further advice and investigation.

We will:

- Maintain and follow this policy

- Keep individual reports confidential
- Collaborate with School Health in providing educational information to parents/carers and children about head lice
- Inform parents/carers of individual children when we notice an infection
- Ensure that all information and letters sent to parents/carers are informative, helpful and will not contain information which is likely cause alarm or distress
- Ensure that children are not excluded from school because of head lice

More advice is available from the NHS and there is further information on the school website. Parents are advised to speak to Mrs Francisco or Ms McKenna if they have any questions or concerns.

Last agreed by Governors October 23