Fishburn Primary School

Head Lice Policy and Guidelines

Approved by the Curriculum and Standards Committee on 21 November 2018, subject to biennial review.

1. AIM
This policy aims to provide guidance on the detection, treatment and prevention of head lice infestations.

2. OBJECTIVES
To educate relevant professional staff and the public on the detection, treatment and prevention of head lice infestations.
To encourage parent/carer or self-inspection of hair for early identification of infestation.
To minimise the social stigma associated with infestations.
To ensure that consistent information and advice is available.
To provide accurate information on head lice and methods of control to families.

3. HEAD LOUSE INFESTATION
Infestation with head lice affects all sections of the community. Infestation is more common among those aged between five and eleven years but can affect people of any age. Head lice are a community problem with social rather than health or educational implications. The problem therefore requires community action.

Head lice (pediculus humanus capitis) are flesh coloured insects about 3mm long whose bodies darken after feeding. They can only be passed from one host to another by direct, still and prolonged head to head contact. They cannot fly, jump or swim and are found on all types of hair. Because of this, spread is likely to occur from contact with other household or close family members rather than by social contact (i.e. school friends or work colleagues).

Head lice feed on human blood by biting into the scalp but no report of any blood borne infection such as Hepatitis B and C or HIV has been recorded by the spread of head lice.
Head lice infestations may cause itching (pruritis), redness (erythema) and swelling (oedema) of the scalp. However these signs are also seen in other scalp conditions such as dandruff and eczema.

Head lice stay and lay their eggs close to the scalp. This provides the warmth, which the eggs need to incubate. Live eggs are very small, dull and flesh coloured; they are attached to the hair shaft just above the root. The incubation period is 7-10 days after which the young louse emerges. By the time the hair has grown 1cm the eggs have either hatched or died. Old egg shells known as “nits” are usually white and shiny and are harmless.
The presence of nits does not necessarily mean there is a live infestation on that head.

4. DETECTION OF HEAD LICE
The diagnosis of infestation can only be made when live lice are identified. Finding apparent nits is insufficient evidence of infestation. Wet combing is the preferred method of detection.

5. TREATMENT

The evidence base for all types of treatment for head lice is weak, with no good quality trials from the developed world being available on which to base policy. There is no local audit data or routine surveillance of head lice infestation given its low health impact.

6. MANAGEMENT OF CONTACTS

If a person is found to be infested then all close contacts should be informed and examined for evidence of infestation by the responsible adult (usually a parent/carer) and treated as described if live lice are found i.e. by the wet combing method.

7. PREVENTION OF INFESTATION

Good hair care as part of personal hygiene and grooming should be encouraged, although there is no evidence with regard to its effectiveness in prevention. Insect repellent sprays and electronic combs should not be used as a means of preventing or controlling infestations.

The use of school nurse time to detect infestations has been discontinued for some years because it has been shown to be ineffective in the control of infestations. Head lice are a community problem, not an educational problem, and parents should take responsibility for being aware of any problems with their children's hair in the same way as they are over any other health problem.

8. WET COMBING

The most effective way to detect if your child has head lice is to wet the child's hair and carry out wet detection combing.

• Wash the hair using ordinary shampoo and then use a wide toothed comb to straighten and untangle the hair. Apply any conditioner and once the comb moves freely through the hair, switch to a fine tooth comb (head lice comb).

• Place the comb teeth against the scalp as close as possible and pull through the hair several times.

• If a louse is found wipe comb with paper towel or an old towel and save the louse onto a piece of cellotape.

The saved head lice can be taken to the chemist and the correct head lice treatment prescribed. Continue this treatment as prescribed ensuring that all members of the family with head lice are treated (do not treat if there are no head lice).

• Bug busting treatment can be continued throughout the hair by dividing the hair in sections and repeating this process.

• Rinse out all the conditioner and continue to use the comb through the hair one more time.

- The wet combing method should be carried out twice weekly if possible in between treatment as this should be used again due to any eggs that may have hatched (as the life cycle of a head louse is 7-10 days).

Signed ……Date ……
(Chair of Governors)

Signed ……Date ……..
(Headteacher)

Appendix 1

School will:
• Provide information about Head lice on a regular basis and more regularly if many cases arise.
• Offer to provide advice about how to use wet combing and /or other treatment.
• Maintain a visual check on pupils.
• Alert individual parents/carers by letter/ phone call if a more persistent case is noted.

The school will not:
• Carry out physical checks on pupils for head lice.
• Send out alert letters to other parents
• 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.