# **Boundary Primary School**



## Head Lice Policy

**Implementation Date: September 2023** 

Review period: 3 Yearly

Person Responsible for Policy: Head of School Please read with NHS Information leaflet



Boundary Primary School is aware of the national problem of head lice and how it can sometimes affect children of a primary school age at home and in school.

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

Children are often affected by head lice because they tend to have more head-to-head contact whilst at school or at home or during play. Head lice are more common in children between the ages of 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 infestations are not primarily a problem of schools but of the wider community. The infestations cannot be resolved by the school, but the school can help the local community to deal with them. Success is more likely to be achieved by a consistent and thorough approach.

School will collaborate with the School Nurse in providing educational information to parents/carers and children about head lice, and will not to wait until there is a perceived "outbreak". School will send out information on a regular basis, preferably as part of a package with other issues.



## Parents'/Carers' Duties

As the carer of a child you should:

- Undertake regular weekly and where appropriate complete daily checks to ensure that by our child/family is not affected. This should be done with a detector/fine tooth comb by as noted in the advice section or a bug buster comb. All family members should be checked both children and adults.
- Inform all contacts of your family / friends who may have had **head to** [st] **head contact** for a minute or more in the last month
- Seek advice from a medical practitioner (Pharmacist/ Health Visitor/School Nurse/ Doctor) Espabout using an approved lotion and/or treatment completing their chosen method in the recommended way.

## School will undertake to:

- Provide information about Head lice on an annual basis and more regularly if the need arises.
- Encourage parents to seek advice from the School Nursing Service if they would like extra advice and support around head lice
- Maintain a visual check on pupils although they cannot make a diagnosis.
- Alert parents in the year group via an NHS leaflet if an outbreak is perceived.

## The school by law cannot:

- Carry out physical checks on pupils for head lice.
- Ask parents to keep their children away from school because of head lice.



- Exclude a child from school because of head lice.
- Discuss individual families/children with other parents.

## Advice Section SEP

#### Facts about head lice

- Head lice are small, six-legged wingless insects that live on the hair close to the scalp where it is warm and easy for them to feed.
- They are pin-head size when they hatch, less than match-head size when fully grown and are difficult to see in the hair.
- The eggs are glued individually to hairs near the scalp. Unhatched eggs are dull in colour and hard to see, but after the lice have hatched the empty egg sacs called 'nits' are white and easy to see. Many people mistake the empty egg sacs or nits for head lice when they are actually evidence of a previous infection of head lice.
- Head lice are easily missed on dry hair and do not necessarily always cause itching. There are often only 10 lice or less on a head.
- Head lice can't fly, jump or swim. They spread from person to person by climbing swiftly along hairs during close head to head contact.
- Head lice are not fussy about hair length or condition clean hair is of no protection.
- Head lice are not harmful.
- Head lice infection is common. Anyone with hair can get them, but children, step who put their heads together a lot, tend to get them more often.

## **Detection** SEP

Head lice cannot be prevented but regular checking ensures early detection and treatment if necessary. The best detection method is wet combing (see below). Parents and carers should aim to check their children's hair once a week during hair washing. For this you need your usual shampoo, ordinary conditioner and a head lice detection comb. Remember that you are looking for living, moving head lice – this is the only evidence that your child has a head lice infection. The comb must be fine enough to catch the lice. Your pharmacist should be able to recommend a suitable one.

## How to check SEP

Good lighting is important. The scalp should be examined in sunlight or under bright artificial light.. Look for head lice by parting hair in small sections, going from one side of the head to the other. Check carefully, looking close to the scalp. Head lice are most predictably found on hairs at the nape of the neck and behind the ears, where they are protected from extremes of light and temperature. However, they may be laid anywhere on the hair, especially in warm weather.

Please be aware that the appearance of a nit(empty egg sack) is often confused with that of a flake of dandruff or a dried particle of hairspray or gel. A distinguishing feature is that dandruff and hair products can be easily combed off the hair or removed with the fingers, while nits cannot. Nits are firmly glued to the hair and must be removed with a fine-toothed comb or fingernails.



Head lice 'hold on' to the hair with hook like claws found at the end of each of their six legs.

#### **Treatment**

There are two treatment options. The first is the wet combing method as set out below. **Wet combing is by far the most effective method.** The other is to use an insecticide lotion.

"Persistence is the key to getting rid of these annoying insects!"

## Wet combing

Shampoo the hair, rinse, apply lots of conditioner and use a wide-toothed comb to untangle and straighten.

Once the tangles have gone, section the hair and comb with a fine-toothed detection comb from root to end.

Comb one section at a time, paying particular attention to the back of the neck and the area around the ears.

Check the comb for live lice between each stroke and remove them onto a piece of paper (kitchen paper)

When the whole head of hair has been combed through and checked, rinse off the conditioner.

Check all family members at the same time and arrange treatment if lice are found for all family members.

The time required to wet comb the whole head can range from 2 minutes for short, straight hair to 30 minutes for long, curly hair.

#### Lotions

You can ask your school nurse, health visitor, pharmacist or doctor about which lotion is most effective and advised by the NHS. This will be prescribed at no cost. People with asthma or allergies, pregnant or breastfeeding mothers, and parents or carers of very young children should always ask their doctor or pharmacist about which treatments are safe for them.

Note the following advice for using lotions:

- Do not use lotions unless you find a living, moving louse. Head lice may become resistant to lotions if they are used too often.
- If live head lice are still being found after two treatments, ask your doctor, pharmacist, health visitor or school nurse for advice.
- Follow the instructions on the packet carefully. These will tell you how to see apply the lotion, how long to leave it on the hair and when any repeat application is required for the treatment to be effective. The treatment method may vary between different lotions.
- Although the lotion will kill the lice, it will not kill the eggs. You will need to apply the lotion again after 7 days to kill any newly hatched baby lice. Again, this procedure may vary between different lotions, so follow the instructions on the packet carefully.
- Treatment does not prevent reinfection.

This policy will be reviewed annually.

