

# Bankfields Primary School Headlice Policy

**Review Date:** January 2022

**Next Review Date:** January 2025

**Person in charge:** Headteacher

This policy has been written in line with current information from the Public Health Medicine Environmental Group Guidelines (2008)

Protection Agency Guidelines (2007).

## Rationale

**Bankfields 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 and the school in dealing with head lice. We recognise that this policy links with other child welfare policies such as safeguarding, equal opportunities, bullying and should be read in conjunction with these and the overall aims of the school.

### *What are head lice?*

Head lice (*Pediculus Capitis*) are small, six legged, parasitic insects which live on the human scalp and can survive apart from humans for only a short period of time. Adult lice lay skin coloured eggs which are firmly glued to strands of hair, close to the scalp. After approximately 7-8 days incubation, immature lice hatch and when they reach approximately 10 days of age are able to breed themselves. The adult lice are greyish brown in colour, are rarely bigger than a sesame seed in size and live for approximately one month.

A nit is the empty egg shell, left behind after a louse has hatched. Nits are pearly white in colour and smaller than a pin head. They remain firmly glued to the hair until it grows out at a rate of approximately 1cm per month. Seborrhoea, dandruff and hair muffs (debris from the hair follicle) may sometimes mimic nits.

**If you have nits you do not necessarily have head lice.**

## ADDRESSING COMMON MYTHS ABOUT HEAD LICE

- Head lice can't swim, jump, hop or fly.
- Head lice are not restricted to children, they can infect adults as well.
- High standards of personal hygiene do not necessarily prevent infection with head lice.
- Head lice occur in long or short, clean or dirty hair.
- Head lice are not as highly contagious as you may think. Chicken pox is for example much more infectious.

- Re-infection usually comes from a close community contact rather than from school.

### ***Head lice infection.***

Head lice are transmitted by prolonged head to head contact. Itch is usually the first sign of infection, although it often does not develop until two-three months after infection. The itch is a result of an allergy and not a direct result of ‘bites’. Some individuals do not therefore necessarily develop itch and most infections are asymptomatic. Infections may also be indicated by the presence of a black powder on pillows or shirt collars, which is a mixture of louse dropping and cast skins. Many presumed cases are not in fact true infections since the signs and symptoms of head lice infection may be mimicked by a variety of causes. These include:

- Another cause of itching scalp such as eczema.
- Psychogenic itch as a result of ‘louse phobia’

**An infection is only confirmed by the presence of a living, moving louse.**

### ***Diagnosis***

Head lice infections can only be diagnosed with certainty when a living, moving louse is seen. Professionals should not rely on diagnoses made by others without seeing evidence such as a louse stuck onto paper with clear tape. Detection combing using a flat faced comb with parallel-sided teeth less than 0.3mm apart is the **ONLY** reliable method of diagnosis (see appendix 1 for details). Such combs are available in ‘Bug, Buster’ packs from most high street pharmacies.

### ***Contact tracing***

- Contact tracing is essential in order to ensure effective control. The heads of everyone in the household and anyone who has had ‘head to head’ contact with an infected individual for more than one minute, should be checked for infection using detection combing.
- Contacting such individuals is the responsibility of the family and **NOT** the school or health advisor.

## **ROLES AND RESPONSIBILITIES**

Head lice infection is a community problem and must be tackled with a co-ordinated approach by all community members.

### ***Bankfields Primary School***

- The school will liaise closely with the school nursing service, to ensure that regular, up to date educational information is provided for staff, children and parents including instructions on detection combing and appropriate treatment.
- Staff will be well informed on how to successfully treat head lice
- Concerned parents will be advised to seek professional advice and support from the school nurse, general practitioner or local pharmacist.

- Alert letters to parent or carers will be sent out if a case of head lice is discovered in a class, so that parents can check their own children, taking care to ensure that no individual child or family is identified
- Parents of children with identified live head lice will be informed by a member of staff and asked to take their child home to treat them as soon as possible. Children can return to school as soon as their heads have been treated.

### *Parents/Carers*

As with any other health-related problem, the primary responsibility for prevention, identification, treatment and control of head lice lies with parents.

Parents at Bankfields Primary School will be advised to:

- Comb / brush their children's hair routinely in order to aid early identification of head lice infection and inform school promptly if their child has head lice
- Check the heads of all family members at regular intervals and encourage them to learn to check their own heads using detection combing. This is particularly important if a member of the household has head lice or has been in contact with a person with head lice
- Treat any members where a living, moving louse has been found promptly, complying with appropriate guidance for the chosen treatment (See Appendix 2)
- Never use a chemical treatment unless a living, moving louse has been found
- When you find a living, moving louse it is really important you let everyone your child has been in contact with know so that they can check their own or their families hair .
- If you find a living moving louse you can contact school nurse / health visitor / GP / practice nurse / pharmacist

## Monitoring and Evaluation

This policy will be reviewed every two years.

### **APPENDIX 1: Detection Combing**

- Wash the hair and towel dry it. If conditioner is required, use only a small amount. The hair should be damp but not dripping wet.
- Comb or brush the hair using a normal comb to remove any knots.
- Make sure that there is good light. Daylight is often best.
- Using an appropriate detection / 'Bug buster' comb (available from most pharmacies) start at the roots of the hair and ensuring that the teeth of the comb are touching the scalp comb slowly to the ends of the hair. Keep in contact with the scalp for as long as possible.
- Wipe the teeth of the comb and check carefully for any lice, removing them with a cocktail stick or kitchen paper / tissue.
- Repeat this process over and over again, working around the head in all directions until the whole head has been checked thoroughly.
- It should take approximately 10-15 minutes.
- If there are head lice, they should be visible on the teeth of the comb.
- If you find something but are not certain what it is, fasten it to a piece of

paper using clear sticky tape and show it to the school nurse / health visitor / general practitioner.

## **APPENDIX 2: How to use head lice treatments**

- Use one small bottle (minimum of 50ml) of head lice treatment per person for each treatment application.
- Read the instruction leaflet and follow the instructions carefully.
- If the hair is braided or plaited, undo this prior to applying the treatment.
- Hold a cloth over the eyes to prevent lotion running into them.
- Shake the bottle thoroughly and apply to DRY hair. Make sure all of the hair and scalp is wetted, then massage into the hair, ensuring the scalp is saturated. Pay particular attention to:
  - The nape of the neck
  - Behind the ears
  - The crown
  - The fringe
- Let the lotion dry naturally in the hair. Don't use a hairdryer. Remember, some solutions are alcohol based and must be kept well away from flames, stoves or other sources of heat.
- Leave the treatment in place for 12 hours. After that time, rinse the hair with water and then shampoo and dry it in the normal way.
- Dead lice will rinse out of the hair and can often be seen floating on the surface of the water. Nits will however remain attached to the hair. They cause no harm and can be left to grow out with the hair or picked out as desired.
- A second application should always be applied one week later, using the same method.
- All heads of those treated must be checked again using detection combing 1-2 days after completion of the second treatment to ensure the infection has been resolved.
- No person who is treated should go swimming until after the first treatment has been completed.