

MANOR ROAD PRIMARY SCHOOL



**MANAGEMENT OF HEAD
LICE POLICY**

November 2013



MANOR ROAD PRIMARY SCHOOL MANAGEMENT OF HEAD LICE POLICY

AIMS AND OBJECTIVES

- To describe the specific policy for management of a head lice outbreak in school.
- To ensure consistent advice and procedures are applied in all cases.
- To raise awareness within the school community about the nature and management of head lice.
- To ensure roles and responsibilities of parents, school staff and health professionals are defined and understood.

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 – 11 years old although anyone 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.

RESPONSIBILITIES

School

Head lice infections are not primarily a problem of schools but of the wider community. They cannot be solved by the school, but at Manor road we try to 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.

At Manor Road we will:

- Follow Lancashire County Council’s advice that when a child has a head lice infection they will be allowed to stay in school for the remainder of that day but the parents will be notified and requested to start treatment the same evening if possible.
- Have a consistent approach to head lice infection
- Refer cases of persistent head lice infection to the School Nurse for further advice and investigation.
- Adhere to confidentiality procedures.
- Ensure, with the School Nurse, that parents/carers are given regular, reliable information (see Appendices 1 and 2). This should include:
 - Instructions on proper diagnosis by detection combing.
 - The avoidance of unnecessary or inappropriate treatments when no infection is present.
 - Information on thorough and adequate treatment of confirmed infections.
 - Inform concerned parents to seek the advice of the School Nurse, their GP or the local chemist.

Parents/Carers

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

- Comb children’s hair routinely to prevent the survival of lice.
- Check hair regularly ie. 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.
- Promptly treat any members of the family who have a head lice infection.

- Inform school promptly if a school-aged child is infected.
- Use proprietary lotions only as a treatment when an infection is present and not as a preventative measure.
- Seek help and advice from the School Nursing team as necessary.

School Nurses

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 of 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 routing 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.

NHS INFORMATION

Further information is available on-line at Head Lice – NHS Choices and in the Department of Health leaflet 'Prevention & Treatment of Head Lice'.

Policy Written by: Karen Marshall (adapted from LCC Guidance for schools on the prevention, detection and treatment of head lice).

Policy Written: November 2013

Policy To Be Reviewed: As advised

Dear Parent/Guardian,

Head lice is just one of the infectious conditions that can affect children in the community. This information sheet gives advice on how best to treat head lice.

It is important that children's hair is checked on a weekly basis so that any head lice can be dealt with quickly and before they are allowed to spread too far.

Follow the simple routine below to keep head lice outbreaks to a minimum.

CHECK

- Your child's hair once a week
- Use a proper detection comb – with teeth no more than 0.3mm apart to trap head lice.
- Wash the hair using ordinary shampoo and use conditioner to make combing easier. Towel dry hair and remove tangles with a wide toothed comb. Using a detection comb part hair into small sections and comb the hair from scalp to the end. Wipe the comb each time with a piece of kitchen paper and check for live lice.
- If you find live lice, consult a pharmacist or GP for treatment advice. Head lice treatments are available on prescription.
- If live lice are detected all close contacts should carry out detection combing.

TREAT

- Only treat if live lice are identified.
- Use a clinically proven treatment – if unsure advice can be sort from the school nurse or pharmacist.
- Leave the treatment on for the recommended time for maximum effect – leaving it on for longer will not make it more effective.

COMPLETE

- Repeat the treatment for a second time seven days after the first to kill any lice that may hatch from eggs during that time.
- Check that all head lice have gone within two to three days of the final application of head lice treatment to complete the process
- Continue to check for head lice on a regular, weekly basis.

For more advice and support contact your school nurse or pharmacist or visit:

www.hpa.org.uk

NHS Choices: www.nhs.uk

Thank you for your co-operation

- Head lice are small, six-legged wingless insects, pin-head size when they hatch, less than match-head size when fully grown and grey-brown in colour. They are difficult to detect in dry hair even when the head is closely inspected. They very often cause itching, but this is not always the case, particularly when recently arrived on the head.
- Head lice cannot fly, jump or swim, but spread by clambering from head to head. Anyone with hair can catch them, but children who have head to head contact, either at school or during play, are most commonly affected.
- Head lice feed by biting and sucking blood through the scalp of their host. The female louse lays eggs in sacs (nits) which are very small, dull in colour, and well camouflaged. These are securely glued to hairs where the warmth of the scalp will hatch them out in 7-10 days. Empty egg sacs are white and shiny and may be found further along the hair shaft as the hair grows out. Lice take 6-14 days to become fully grown, after which they are capable of reproduction.
- Head lice are not fussy about hair length or condition. Clean hair is therefore no protection, although regular (eg weekly) hair washing and combing sessions offer a good opportunity to detect head lice, and arrange treatment if discovered.

Lice hang on tight to the hair, usually close to the scalp where there is warmth, food and shelter from detection. Full grown lice take the opportunity to move from head to head during close contact. Younger lice tend to remain for about 6 days on the head where they have hatched.

Head lice need to maintain contact with a host in order to survive. Those lice that leave the host voluntarily, or fall off, are likely to be damaged or approaching death (their life span is about 3 weeks) and so unable to start a new colony. There is no need to wash or fumigate clothing or bedding that comes into contact with head lice.

Magnified photo of the female louse (left) laying an egg (nit) (right).



If you are at all worried about head lice or feel you need more advice on how to cope, then you should consult your school nurse, health visitor, pharmacist or family doctor.

Further copies of this leaflet may be obtained from:

Department of Health, PO Box 777, London SE1 6XH
 Fax: 01623 724 524 (Email: dh@prolog.uk.com)

This document is also available in other languages on request.

Picture reproduced courtesy of the Electron Microscopy and Histochemistry Service at the London School of Hygiene & Tropical Medicine.

Head Lice



Detection

Head lice are well camouflaged and hide when disturbed by combing. They do not always cause itching, particularly when recently arrived on the head. They may also be few in number and a quick inspection is unlikely to detect them. The following method of detection is effective:

- ★ Wash the hair using ordinary shampoo, then use a wide toothed comb to straighten and untangle the hair. It is easier to do this with wet hair, and using hair conditioner.
- ★ Once the comb moves freely through the hair, without dragging, switch to a fine tooth comb. Make sure the teeth of the comb slot into the hair at the roots and draw down to the ends of the hair with every stroke. The comb must be fine enough to catch the lice – size indicated below – do not confuse lice or their eggs with clumps of dandruff or other debris.



Actual size in stages of growth of the head louse.

- ★ Check the comb for lice after each stroke as you work through the hair section by section, so that the whole head of hair is combed through, then rinse out the conditioner and repeat the combing procedure in the wet hair.
- ★ This can be undertaken on a regular basis – eg at routine hair washing sessions – to detect the presence of lice before they can spread. Check all family members at the same time and arrange treatment when lice are found.

Treatments

If you find lice, then there are two options. Whichever option you choose it is important to recognise that neither will protect against re-infection if head to head contact is made with someone with head lice at a later date. You may therefore wish to undertake occasional checks during hair washing sessions.

Option 1: Lotions

- ★ Do not use lotions unless you find a living moving louse. Check all close family/friends by the 'wet combing' method, as described, and treat anyone who is found to have lice at the same time, to prevent re-infection.
- ★ Ensure you have enough lotion to treat all those affected and follow the instructions on the packet carefully, eg as to how long the treatment must remain on the hair to be effective, how often you may apply the product etc.

The product may be capable of killing eggs, as well as lice, but there is no certainty of this. Check for baby lice hatching out from eggs 3-5 days after you use it, and again at 10-12 days.

- ★ If the lice appear to be unaffected by the product (some lice may have developed resistance to a particular insecticide) or if the problem persists – then you should take advice from your local school nurse, health visitor, pharmacist or GP, who will be able to advise you on alternative treatments and explain how to use these to best effect. You should seek advice where whoever is being treated is either under 1 year of age, suffers from asthma or allergies, or is pregnant or breast feeding.

Option 2: The 'Bug Busting' treatment method

This aims at systematic removal of live lice by combing through the hair and physically removing any lice found. Success depends largely upon adopting a painstaking approach – as described in the 'Bug Buster' kit. The kit, which includes an illustrated guide and combs, is available from some pharmacies, and by mail order from:

Community Hygiene Concern

Manor Gardens Centre, 6-9 Manor Gardens
London N7 6LA

Bug Buster: Help Line: 020 7686 4321

Fax: 020 7686 4322

Internet: www.chc.org/bugbusting Charity reg no: 801371

- ★ Only one kit is required for a family and it is reusable. Four sessions spaced over 2 weeks are required to clear the lice, as long as the person does not catch more lice, in which case half-weekly sessions must continue.
- ★ Some schools find it helpful to adopt a whole-school approach (where all parents check their children and family members on the same evening and treat as needed). A 'Bug Buster' Teaching Pack is available to assist this process. For further information contact Community Hygiene Concern, details as above.
- ★ Taking part on 'Bug Busting' days can help to prevent lice circulating, ie if all cases are identified and treated successfully at the same time there will be fewer opportunities for lice to circulate amongst children and their families.