HEAD LICE POLICY

Links to Legislation
-NHS Choices, Head Lice and Nits, please visit http://www.nhs.uk/conditions/Head-lice/Pages/Introduction.aspx where you can watch videos on how to wet comb your child’s hair and get advice on treatment
-Control of communicable disease in schools and nurseries, Surrey and Sussex Health Protection Unit 2006 Available at: file:///C:/Users/monicasofia/Downloads/sussex_SchoolsNurseries%20(2).pdf

Links to other policies
Equality and Inclusion Policy
Confidentiality Policy
Medication and Illness Policy

Aims
The purpose of this policy is to ensure that we provide a consistent and sensible approach to head lice prevention, so that:

-The roles and responsibilities of parents, children and health care professionals are clearly identified.

-A common message is delivered, which will allay the concern and confusion about head lice and their prevention within the community and among professionals.

The principal message of this policy is that health education rather than routine head inspection is the most effective way of reducing and ultimately eradicating head lice from our community.

The policy and procedures are in line with:
-Current research and thinking on head lice. Please visit the NHS for further information and practical videos, http://www.nhs.uk/conditions/Head-lice/Pages/Introduction.aspx

-The general philosophy of health care in Southwark, which is to provide advice and information, and to encourage and support families in taking responsibility for their own health.

What are Head Lice?
Head lice infection is common. The head louse is a very small whitish or grey-brown insect that ranges from the size of a pinhead to the size of a sesame seed; it feeds by biting on the scalp and sucking blood. Nits are head lice eggs. The female louse lays between 5 and 8 grey, oval-shaped eggs each night and glues them onto the base of individual hairs. Head lice do not jump and they do not fly, they walk from one hair to another which is why they are so common at school when children often have their heads bowed down together and their hair is touching.

Head lice are not a serious health problem; they rarely cause physical health problems other than itching of the scalp (Health Protection Unit).

Signs of head lice
-Itchy head
-Rash on the scalp
-Black specks that look like dust on their pillow (head lice droppings)

Previous Approach to Head lice Prevention
In the past it was customary for nurseries to carry out routine inspection of children's heads in schools.
This was based on the belief that:

a) Schools were the main source of the infection;

b) Infection in schools was perpetuated by heavily infected children who could be easily identified by head inspections and then treated.

This practice, a legacy of the Poor Laws, helped to perpetuate the stigma of ‘dirty heads’ and caused inappropriate labeling of children and families, not to mention school nurses.

**Change of Approach**
Extensive research has undermined these previous beliefs and practices and shows that:

a) The main source or reservoir for head lice infection is not the school/nursery but carriers in the general community, often adults, who have become desensitized to lice. They may have few symptoms and be unaware of their infection.

b) Routine head inspections by nurses or others are ineffective. A quick inspection may identify very lousy children but does not reveal those with just one or two lice. (Lice move fast and are difficult to see.) Children who have been ‘checked’ in this way are assumed to be louse-free and then they and their parents or carers may not bother to carry out the more effective preventative measures i.e. thorough grooming each day. Lice are then left to breed and infect others.

**The New Approach**
The new approach involves emphasis on:

a) Twice daily grooming of children’s and adult’s hair which will disturb any lice present before they have a chance to get established and breed;

b) ‘Detection-combing’ to check for lice whenever infection is suspected and on a weekly basis for all children and their families;

c) Prompt, appropriate, and adequate treatment when infection is found;

d) Contact tracing when infection is found (i.e. identifying and informing people who have been in head to-head contact with an infected person);

e) Quick response when infection or contact with an infected person is suspected.

**Roles and Responsibilities**
It is primarily the job of all adults to follow this approach for themselves, their children, or other adults in their care.

The role of the community health-care team and other professionals is to advise and offer support as part of their respective duties. To this end, they should ensure that they are aware of the Authority’s Policy and are informed about head lice, their prevention, transmission, detection, and treatment.

The Health Authority has a duty to ensure, through appropriate training and management structures, that health care professionals are aware of their respective roles and the Procedures in relation to head lice, and also to support others with a health education or advisory role in the community.
Detection
Head lice can't 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. You need your usual shampoo, ordinary conditioner and a louse detection comb. Remember that you are looking for living moving head lice – 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
Good lighting is important. Look for nits by parting hair in small sections, going from one side of the head to the other. Check carefully, looking close to the scalp. Nits 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. The appearance of a nit 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, or snipped off with scissors. The scalp should be examined in sunlight or under bright artificial light. The hair should be parted, with individual strands checked for nits. Head lice

Treatment
When head lice are found all members of the infected person’s household and other recent head-to-head contacts should check themselves as soon as possible by detection-combing for signs of lice. Parents or carers should do this for children or adults in their care as necessary.

Treatment should be carried out only when lice are found or strongly suspected, i.e. when there has been prolonged head-to-head contact with an infected person.

The Health protection Unit recommends primary school - aged children and under, children should probably have their heads checked for head lice at least weekly, especially if their friends are known to be infected.

When treatment is required, lotions rather than shampoos should be used whenever possible and left on for 12 hours or overnight. Lotions do not reliably kill eggs so they must be re-applied 7 days after the first treatment to kill newly hatched lice before they are old enough to lay eggs.

Lotions may be obtained from the GP, local pharmacist, or the local health centre/clinic.

Lotions are ineffective when used as a preventative measure. They are expensive and help create resistance to the insecticide.

The Health Authority operates a three-yearly insecticide rotation programme to prevent the development of resistance.

Children found to have lice at school should not be sent home that day as infection is likely to have been present for some time.

Recurrent Infections
These may necessitate further GP/doctor or health visitor to ensure that lotions are being used correctly, that all members of the household are checking or being checked for lice, and treated where necessary, and that contacts have been informed. It is also important to ensure that these contacts are themselves checking for lice.

It is a legal requirement that head lice are treated when found, and in extreme circumstances, the Director of Public Health has the power to direct a head teacher to exclude an infected child from school until treatment is given if it is thought to be in the interest of that child or of other pupils at the school.
Neither parents/carers nor head teachers have the right to keep away or exclude children from school on the grounds of suspected or actual cases of head lice in the school.

It is illegal for anyone other than “authorised” Health Authority staff to inspect the head of children or adults without their or their parents/carers’ consent.

**Review of Policy and Procedures**

This Policy and Procedures will be reviewed and, if necessary, updated every two years.

**Conclusion**

Current research shows that a change of practice is called for in the management of head lice infection. Health promotion and education is far more effective than routine checks in school, which may not find the infection today which is evident tomorrow. This research also shows that health professionals, schools, parents, children, and the community at large must all be involved in tackling the problem. Openness and the co-operation of all concerned may in time eradicate the problem.

**The Elephant and Castle Day Nursery policy includes the following:**

If you find a louse or nit, follow the nursery policy:

1. It is advised not to single out a child, but allow him/her to remain in nursery, with support being offered to the parent at the end of the nursery day by way of a head lice information leaflet containing advice on head lice and nit detection, treatment and prevention, or, in those cases where resistant and/or recurrent infections may be in evidence, the Nursery Manager should request the help of a general practitioner in giving additional support/advice to parents, sometimes on an individual basis. General Practitioners and Pharmacists are another source of support for parents.

2. No child will be left alone while dealing with the head lice situation. The child will continue to be provided with play activities under normal supervision until collected.

3. If the head lice are found in the staff’s hair, they will be sent home.

4. The child’s head will never be covered and the staff dealing with head lice situation as well as the rest of children and staff will be informed verbally, and in writing via an information leaflet providing information on how to check hair for head lice.

5. Staff must not diagnose head louse infection unless they have found a living, moving louse, or they have physical evidence from the parent/carer; ask them to stick one of the lice on a piece of paper with clear sticky tape and bring it in to you or a health care professional.

6. Pupils should not stay away or be prevented from returning to school so there is no exclusion period afterwards, if the treatment with appropriate hair solutions was carried out by parents in the same day. Head lice infection is not a public health threat and can be treated by parents/carers in line with recommended methods outlined in an attached information leaflet. Constant reinforcement through the ways outlined in this guidance should ensure that parents/carers are reminded of their responsibilities in this area, both in treatment and prevention.

7. Read carefully the attached information about the head lice.

8. Staff must not recommend treatment without first establishing that living, moving lice are still present after two applications of lotion seven days apart and after a full professional assessment as to the way the family may have not complied carefully with the first attempt.
9. If you suspect your child has louse the easiest way to check is wet-combing using a fine comb called a nit comb once their hair has been washed. The NHS advises parents/carers to repeat this process very 3 or four days for two weeks in case parents miss anything.

10. The Health Protection Unit advises nurseries not to send out “Alert” letters to other parents/carers, these can cause an “outbreak” of imaginary lice.

11. The nursery should give information on lice for parents/carers and staffing including regular detection combing and how to do it. This should be on a regular basis, not just when there is thought to be an outbreak. A regular educational programme rather than a reactive ‘campaign’ is more sensible.

12. The NHS advises if a child is prone to getting lice, parents comb their hair every week or two to check for nits and lice. The Health Protection Unit recommends primary school-aged children and under, should probably have their heads checked for head lice at least weekly, especially if their friends are known to be infected.

Remember:

- Make weekly head checks part of your routine
- If the person affected has long hair, keep it tied back

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