



HEAD LICE DETECTION POLICY

Date: Oct 2017

Review: Date: Oct 2019

The weekly check

It is the responsibility of parents and carers to check for head lice on a weekly basis by combing their child's hair routinely using a detection comb. This will help to identify a head lice infestation at the earliest possible stage.

'Take a peek once a week'

Finding a current infestation of **living, moving lice** during this weekly check will enable:

- Timely treatment, by parents of the head lice infestation before it has reached the stage of the adult louse laying eggs and these having time to mature and hatch (this would be about 7 days);
- The School Nurse to be informed;
- Prompt notification of those with whom the carrier has come into contact. This is known as contact tracing;
- Prompt detection and treatment (at the same time) of any members of the family who may also be found to have head lice;

Insecticides should only ever be used as treatment when live head lice are present, NEVER as a preventive measure.

Parents may contact the School Nurse if advice and support is required.

Resistant cases of recurring infestation will require that contact be made with the parent/carer of the child to ascertain that treatment is being carried out correctly and to offer further advice and support.

The Role of Sarum Hall School

Action to be taken in School:

If a member of the school staff suspects that a girl or member of the adult community has head lice, they should:

- Inform the School Nurse who will examine the child. If an infestation is identified the School Nurse will contact the parent/carer to inform them of this and:



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- Advise the parent/carer to collect their child and to treat in the case of a heavy infestation
- In the case of a mild infestation, request that the parent/carer treat the child before the next school day.
- Request that parents and staff undertake contact tracing as outlined in this Policy
- Parents will be notified if there is a case of lice in their class

All reports of infestation will be kept confidential by all staff.

Role of the School Nurse

Research has shown that termly head inspections do little to reduce the head lice problem. The reasons are:

1. Lice are taken into school from the community and not the other way round. An effective head inspection requires damp hair and takes approximately 10 – 20 minutes to do – it is not possible to do this in the school environment.
2. Lice move rapidly when disturbed and can go unnoticed during routine school inspections.
3. Early light infestation will usually not be easily visible to the naked eye and will easily be missed by routine school inspections.
4. A child who is louse free at the time of inspection can pick up infection later in the day.
5. Routine inspections often provide parents/carers with a false sense of security

Therefore, the primary role of the School Nurse is to:

- Provide proactive education and support for children, their families and staff, emphasising that head lice control is the responsibility of the family
- Provide continuing education for parents/carers on current head lice policy during the child's induction period into the school's nursery class. The Nurse will discuss and distribute to parents/carers an information leaflet on head lice, ensuring that the information is clearly understood



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- Be prepared to teach detection combing as required, and to give education on a 'one to one' basis on the treatment and prevention of head lice infestation
- Make a professional assessment of reported head lice infestation of any child in the school. It will be necessary to examine the child to make a diagnosis. Parental consent will have been given for this when the child joins the school. It is assumed that the School Nurse has parental consent to check the child if they are showing signs of head lice infestation
- In the case of proven infection, to give advice on treatment, contact tracing etc. This may require telephone contact, or a consultation in the medical room. Once treated the nurse will do a full follow up assessment one week after treatment.
- When the Nurse checks she will ensure that she is supporting the family and will not replace parental responsibility

Educating School Staff and Parents

One role of the School Nurse is to educate staff and parents, so time must be scheduled for:

- Training all staff in recognising the signs and symptoms of a possible infestation so that they can then refer the child to the school nurse for confirmation.
- Supporting and teaching parents as needed using resources such as the school newsletter and this policy to give guidance in the detection and treatment of head lice

The link below provides up to date guidance for the education of staff and parents:

<https://www.gov.uk/guidance/head-lice-pediculosis>

NHS Clinical Knowledge Summary (2016):

<https://cks.nice.org.uk/head-lice#!scenario>

To avoid humiliating a child, the checking for head lice is done in a private well-lit area of the school such as the medical room. The school nurse who carries out the checks will do so with the child's co-operation and will be sensitive and confidential with their findings.

When a live head louse is found, then and only then is the child treated. The child will only be treated again a week later if more live head lice are found.



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The parents/carers of the affected child will be informed, so that contact tracing can be done.



Head lice



Nits, the eggs look lighter after hatching

Linked guidance, policies and procedures:

[Keeping Children Safe in Education \(KCSIE\) statutory guidance](#)

[Working together to safeguard children.pdf](#)

Relevant school policies:

Keeping Children Safe in Education, Child protection Policy and Code of Conduct.