Saxilby Church of England School

Preventing & Treating Headlice Policy 2016

The school has taken guidance from the Government and Public Health England. This guidance can be found at: https://www.gov.uk/guidance/head-lice-pediculosis

Head lice are not primarily a problem of schools but of the community. However, the school will follow all guidance available and by taking some simple steps to educate our parents and carers we can have a big impact on outbreak prevention. We will always try to keep the school nurse team informed of any concerns and seek guidance from them accordingly.

Schools are required to provide updates on the prevention and treatment of headlice and this information can be found on our website and in our school prospectus. Additional advice can be provided for any families requesting further support.

Historical Actions

Routine head inspections
Routine head inspections, historically performed by the school nurse, are without value as a screening measure and should not be done, though examination of an individual (not in school) may be indicated to establish the presence of infection. Parents should seek medical advice about this. Most active infections are of only a few lice and routine head inspections are ineffectual at identifying these.

Alert letters
One of the principal causes of unnecessary public alarm is the "alert letter" historically sent out by head teachers, typically warning parents that "we have head lice in the school". This is an illogical and unnecessary reaction and guidance states it should not be done.

Most schools will always have some pupils with head lice at any one time. An "alert letter" could be sent out every day of the school year. It often converts the usual background level of infection in the school into a pseudo-outbreak in which the parents' perception is that the school is riddled with lice. Many parents become convinced they and their children have head lice when they in fact do not (psychogenic itch), or decide to use chemical lotions as inappropriate prophylaxis "just in case".

Exclusion from school
Exclusion should *not* be used because:
It cannot ensure the elimination of infection from the family of a child.
It is an unproductive and undesirable overreaction to a problem that is not a public health threat.
It is inappropriate, being in fact simply an admission of the failure to deal with infection by the community and its professional advisers, but does not contribute to a solution.
It is not used for other conditions with low transmissibility such as verrucas or herpes simplex infections.

Families with continuing or recurring infection with head lice should be assisted and supported, as they would be with any other infection, by the concerted support and help of the community (including the school) and health professionals (including, for example, visits by the school nurse to the family home). Parents are encouraged to come and discuss any concerns with us.

Appendices attached contain further information (taken from the Government website stated above)
APPENDIX 1: NOTES FOR FAMILIES – HAVE YOU GOT HEAD LICE?
APPENDIX 2: NOTES FOR FAMILIES – HOW TO TREAT HEAD LICE
APPENDIX 3: NOTES FOR FAMILIES – HEAD LICE: THE TRUTH AND THE MYTHS
APPENDIX 4: HEAD LICE: NOTES AND GUIDANCE FOR HEAD TEACHERS

APPENDIX 1: NOTES FOR FAMILIES – HAVE YOU GOT HEAD LICE?

Detection combing – how to do it
You need:
Plastic detection comb (from the pharmacist)
Good lighting
Ordinary comb

- Wash the hair well and then dry it with a towel. The hair should be damp.
- Make sure there is good light. Daylight is best.
- Comb the hair with an ordinary comb.
- Start with the teeth of the detection comb touching the skin of the scalp at the top of the head. Keeping in contact with the scalp as long as possible, draw the comb carefully towards the edge of the hair.
- Look carefully at the teeth of the comb in good light.
- Do this over and over again from the top of the head to the edge of the hair in all directions, working round the head.
- Do this for several minutes. It takes 10 to 15 minutes to do it properly for each head.
- If there are head lice, you will find one or more lice on the teeth of the comb.
- Head lice are little insects with moving legs. They are often not much bigger than a pin head, but may be as big as a sesame seed (the seeds on burger buns).
- Clean the comb under the tap. A nail brush helps to do this.
- If you find something and aren't sure what it is, stick it on a piece of paper with clear sticky tape and show it to your school nurse or family doctor. There can be other things in the hair that are not lice.

Notes
You can buy a plastic detection comb from the pharmacist. Many combs sold as louse detection and removal combs are unsuitable for the purpose. Only those with flat-faced, parallel-sided teeth less than 0.3mm apart are appropriate 17. Amongst the best known of these are the combs included in the "BugBuster" pack, which are designed for wet-combing with conditioner.

If you need help and advice, ask your local pharmacist, health visitor, school nurse or family doctor.

Don't treat unless you are sure that you have found a living, moving louse.

APPENDIX 2: NOTES FOR FAMILIES – HOW TO TREAT HEAD LICE

Notes

- Don't treat unless you are sure you have found a living, moving louse.
- Never use head louse lotions on your family "just in case". It's never a good idea to use chemicals if they aren't really needed.

If you are sure you have found a living louse:

- Check the heads of all the people in your home.
- Only treat those who have living, moving lice.
- Treat them all at the same time with a headlice *lotion* (not shampoo).
- Ask your local pharmacist, school nurse, health visitor or family doctor which lotion to use and how long to leave it on.
- Always follow manufacturers instructions when applying a lotion.
- Put the lotion on to *dry* hair.
- Use the lotion in a well-ventilated room or in the open air.
- Part the hair near the top of the head, put a few drops on to the scalp and rub it in. Part the hair a bit further down the scalp and do the same again. Do this over and over again until the whole scalp is wet.
- With long hair you don't need to apply lotion down any further than where you would put a ponytail band (except when applying Dimeticone which should fully cover hair).
- Use enough lotion – at least one small bottle for each head and more if the hair is thick. Use all the lotion up.
- Keep the lotion out of the eyes and off the face. One way is to hold a cloth over the face.
- Let the lotion dry on the hair. Some lotions can catch fire, so keep well away from flames, cigarettes, stoves and other sources of heat. Don't use a hair dryer.
- Repeat the treatment in seven days' time for all of those receiving the first treatment.
- Check all the heads a day or two after the second treatment. If you still find living, moving lice, ask your local pharmacist, health visitor, school nurse or family doctor for advice.

APPENDIX 3: NOTES FOR FAMILIES – HEAD LICE: THE TRUTH AND THE MYTHS

The lice

- Head lice are small insects with six legs. They are often said to be "as large as a match head"; in fact, they are often not much bigger than a pin head and rarely bigger than a sesame seed (the seeds on burger buns).
- They live on, or very close to the scalp and don't wander far down the hair shafts for very long.
- The louse's mouth is like a very small needle. It sticks this into the scalp and drinks the blood.
- They can only live on human beings; you can't catch them from animals.
- Nits are not the same thing as lice. Lice are the insects that move around the head. Nits are egg cases laid by lice, which are glued onto hair shafts; they are smaller than a pin head and are pearly white.
- If you have nits it doesn't always mean that you have head lice. When you have got rid of all the lice, the nits will stay stuck to the hair until it grows out.
- You only have head lice if you can find a living, moving louse (not a nit) on the scalp.

Who and where?

- Anybody can get head lice, but they are much rarer in adults.
- Head louse infection is a problem of the whole community, not just the schools.
- Infection is common during school holidays as well as during term time. Parents start to worry more about lice when children go back to school because they think the lice are being caught there.
- A lot of head louse infections are caught from close family and friends in the home and community, not from the school.
- It's not just children who have head lice; adults get them too.
- It's often said that head lice prefer clean, short hair. In fact, they probably don't much care whether hair is dirty or clean, short or long.

How you get them

Head lice can walk from one head to another when the heads are touching for some time.
You are very unlikely to pick up head lice from brief contact with other people. The longer you have head-to-head contact with someone who has lice, the more likely it is you will get them too.
They can't swim, fly, hop or jump. The idea that they can jump may have come from the fact that, when dry hair is combed, a head louse caught on the teeth of the comb is sometimes flicked off by static electricity (this is one reason why detection combing should be done with the hair damp).
You don't get them from objects such as chair backs. Although it's just possible that a louse might get from one head to another if a hat is shared, this is very unlikely.

What happens next

If you catch two or more lice, they may breed and increase slowly in number. At this stage, most people don't have any symptoms and won't know they have lice unless they look very carefully for them.
For the first two or three months, there is usually no itch, but then the scalp may start to itch badly. This is due to an allergy, *not* to the louse bites themselves.
Most people only realise they have head lice when this itch starts. By then they've had lice on their head for two or three months without knowing it.
In most infections, there aren't more than a dozen or so lice on the scalp at any one time.
Some people never get the itch, including adults. They may have a few lice on their heads for years without knowing it and can pass them to other people.
Louse droppings may fall on to the pillow during the night. Pillows may then get dirty more quickly than usual.

Prevention – can you stop them?

Combing is an important part of good personal care but head lice are not easily damaged by it. Good hair care may help to spot lice early and so help to control them. There is no evidence that the old slogans "break its legs, so it can't lay eggs" or "a legless louse is an eggless louse" have any truth in them.
The best way to stop infection is for families to learn how to check their own heads. This way they can find any lice before they have a chance to breed. They can then treat them and stop them going round the family.
The way to check heads is called "detection combing". It can be done as often as families want to. The way to do it is described in NOTES FOR FAMILIES – HAVE YOU GOT HEAD LICE?

If a living, moving louse is found on one of the family's heads, the others should be checked carefully. Then any of them who have living lice should be treated at the same time.

How to treat head lice
You should only ever treat someone for head lice if you have found a living, moving louse.
The best treatment is to use lotion (*not* shampoo) from the pharmacist or your local doctor's surgery.
The way to use the lotion is given in NOTES FOR FAMILIES – HOW TO TREAT HEAD LICE.
If you are sure you have found living lice after proper treatment, don't keep putting more lotion on; ask advice from the local pharmacist, the health visitor, your family doctor or the school nurse.

If the problem won't go away
The problem may not be head lice at all. Often we think there are lice when there aren't really any there. We all start to itch as soon as head lice are mentioned.
There are other causes for itching of the scalp. Using head louse lotion can make these worse.
Using lotion over and over again can cause skin irritation, which itself makes the head itch.
When living, moving lice *are* found, they can almost always be cleared by using the right lotion. This will only work if enough of it is used, if it is put on in the right way, and if any other family members or close friends who have lice are properly treated at the same time.

A day or two after using the lotion, you sometimes find little lice still there. These have hatched out of the eggs since you put the lotion on and will be killed if you put the lotion on again after seven days.
When you have got rid of the lice, you may still itch for two or three weeks. This doesn't mean you still have lice. Check the head carefully. Remember, you don't have head lice if you can't find a living, moving louse.
When you have got rid of all the lice, the nits (empty egg cases stuck on the hairs) will still be there. This doesn't mean you still have lice and you shouldn't treat again no matter how many *nits* there are if you can't find a living louse.
People who think their children keep on getting head lice may have made the mistakes listed above and may keep be "treating" lice that have long since been cleared, or were never even there in the first place.
If children do *really* keep on having living lice, this is most likely to be due to not doing the treatment properly and not treating all those close contacts who have also been found to have lice. Remember, if infection really does keep on happening, it is almost always from a member of the family or a close friend. It is rarely from other children in the classroom, except from a "best friend".
If you *still* have problems, ask your family doctor, health visitor, local pharmacist or health visitor if a wet-combing method to remove the head lice might help.

What the schools can do
Schools must remember that most lice are caught in the family and the local community, not in the classroom.
"Alert" letters should not be sent out. These can cause an "outbreak" of imaginary lice.
Children who may have lice should not be excluded from school; if they do have lice, they will probably have been there for weeks already. The school nurse can help the parents to know how to detect whether there really are lice there and how to get rid of them if they are.
The school should give information on lice for parents and staff, including the importance of regular detection combing and how to do it. Provision of information should be on a regular basis, not just when there is thought to be an "outbreak" and should be done in conjunction with the school nurse.

What families can do
Make sure that all family members know about good hair care, including regular, thorough combing.
The only way to control head lice that works is for the family to check their own heads.
Check all the family's heads every now and then with a special plastic detection comb from the pharmacist's shop. Read NOTES FOR FAMILIES – HAVE YOU GOT HEAD LICE?
All the family means *everyone* (adults as well as children) in the same household.

Only if you are sure you have found living, moving head lice in your family or household, tell your relatives and close friends so that they can check their own heads. Treat any of your

APPENDIX 4: HEAD LICE: NOTES AND GUIDANCE FOR HEAD TEACHERS

General

Successful management of headlice relies on school staff being well informed.
Head louse infection is not primarily a problem of schools but of the wider community. It cannot be solved by the school, but the school can help the local community to deal with it.
Head lice are only transmitted by direct, prolonged, head-to-head contact.
Transmission of lice within the classroom is relatively rare.
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.
The *perception* by parents and staff, however, is often that there is a serious "outbreak", with many of the children infected. This is hardly ever the case.
The "outbreak" is often an outbreak of agitation and alarm, not of louse infection: a societal problem rather than a public health problem.

Specific

DO…

- *Do* have a written protocol/policy on the management of head louse infections,
- *Do* make sure that your school nurse is informed in confidence of cases of head louse infection. The school nurse will assess the individual report and may decide to make confidential contact with the parents to offer information, advice and support.
- *Do* keep individual reports confidential and encourage your staff to do likewise.
- *Do* collaborate with your school nurse in providing educational information to your parents and children about head lice, but do not wait until there is a perceived "outbreak". Send out information on a regular basis, preferably as part of a package dealing with other issues.
- *Do* consider asking your school nurse to arrange a talk to parents at the school if they are very concerned. Be present yourself and encourage your staff to attend; they are just as likely to be misinformed about head lice as the parents. You may prefer to arrange a separate talk for the staff.
- *Do* ensure, with the school nurse, that your parents are given regular, reliable information, including instructions on proper diagnosis by detection combing, the avoidance of unnecessary or inappropriate treatments, and the thorough and adequate treatment of definitely confirmed infections and their contacts using a chemical lotion.
- *Do* advise concerned parents to seek the professional advice of the school nurse, the family practice or the local pharmacist.

DON'T…

- *Don't* send out an "alert letter" to other parents.
- *Don't* exclude children who have, or are thought to have, head lice.
- *Don't* recommend or support any mass action, including wet combing campaigns.
- *Don't* agree with angry parents that routine head inspections should be reintroduced. They were never effective.
- *Don't* refer parents directly to the health protection team. The appropriate clinical advisers are the school nurse, the local pharmacist, the health visitor and the general practitioner.
- *Don't* take, or support, actions simply "to be seen to be doing something" (such as send out "alert letters").