

ST. PIUS X CATHOLIC PRIMARY SCHOOL



HEAD LICE POLICY

MISSION STATEMENT

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This revision completed during:	March 2024
Date of next revision:	March 2026

Procedures for Head Lice

A Policy for the Management of Head Lice in School

Rationale

This policy sets out the duties and responsibilities of parents, the school and the Health Authorities in dealing with head lice. It sets out what school will and will not do as well as providing some practical advice on how to tackle head lice.

What are head lice?

Head lice and nits are very common in young children and their families. 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.



Head lice are small insects, up to 3mm long, and can be difficult to spot



Close up view of a head louse



Head lice eggs (nits) are brown or white (empty shells) and attached to the hair

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 a neck is the first indication of infection.

How are they transmitted?

Head lice cannot fly, jump or swim. They are spread by head-to-head contact; when heads touch, the lice simply walk from one head to another. Adult lice take every opportunity to exchange hosts to avoid extinction through in-breeding. 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 to 11 years old although anyone with hair can catch them. Clean hair is no protection against them.

Shared brushes and combs can also transmit lice so schools should discourage children from sharing combs and brushes.

Shared hats, headphones and jackets hung close together do not, however, present a risk. This is because head lice that involuntarily fall off the head or clamber on to clothes or other articles, such as pillows or cuddly toys, are dying and harmless.

What are the signs of head lice infestation?

Head lice can make your head feel:

- itchy
- like something is moving in your hair

Scratching the scalp is usually the first sign that a child has head lice. It should, however, be pointed out that the onset of itching may be delayed by weeks, or even months, when someone first catches lice. Another sign of head lice may be a rash on the base of the neck caused by lice droppings.

How are head lice detected?

The only way to be sure someone has head lice is by finding live lice. Lice are most easily detected by combing really well conditioned soaking wet hair with a fine-tooth comb. Really wet lice stay still and cannot escape. Combing dry or damp hair with a fine-tooth comb is not a reliable way to detect lice. In dry or damp hair, lice move quickly away from the disturbance caused by a comb.

What is the treatment?

There are two main methods of dealing with head lice infestation: wet combing and use of insecticidal lotions. Whichever option is chosen, it is important to recognise that neither will protect against re-infection. Please refer to the following links for up to date advice on treatment of head lice.

- <https://www.nhs.uk/conditions/head-lice-and-nits/>
- <https://www.gov.uk/guidance/head-lice-pediculosis#history>

School's responsibilities

When a child at school has a head lice infection, the child should be allowed to stay in school for the remainder of that day but the parent should be notified and requested to start treatment the same evening if possible. In some cases the head lice infection may lead to discomfort for the child making it difficult for him/her to concentrate on schoolwork. In these cases school may suggest to the parent/carer concerned that the child is taken out of school to begin treatment as soon as possible**.

Instances of persistent head lice infection will be referred to the school nurse for further advice and investigation.

The School will:

- Initially inform the parent of the infestation of head lice – *please see attached template of message sent to parents via parentmail
- If a re-infestation of head lice occurs, the class teacher will invite the parent in to school for a meeting – repeat infestations will be recorded by the school
- If the infestation is still not treated satisfactorily, the Deputy Head will invite the parent in to school for a meeting
- If the infestation is still not treated satisfactorily, then the Head Teacher will invite the parent in to school for a meeting
- Ask all staff to be vigilant for un-treated/persistent cases of head lice infestation, as this is acknowledged to be an indication of neglect (NB Staff are unlikely to notice lice in the hair unless there is a very heavy infestation)
- If the school believes that the re-infestation is a sign of neglect, this may then be referred to Social Care
- Make sure that the School Nurse is kept informed about repeated/continuous cases of head lice infection. The nurse will assess each report and may decide to make contact with the parents/carers to offer information, advice and support
- Keep individual reports confidential and ask staff to do likewise

The School Will Not:

- Carry out physical checks on pupils for head lice
- Send out alert letters to other parents
- Discuss individual families/children with other parents
- Tell parents to keep children away from school because of head lice
- Exclude a child from school because of head lice

Parents' / Carers' Responsibilities

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

- To comb/brush their own and their children's hair routinely to prevent the survival of lice
- To check hair regularly i.e. undertake detection combing once weekly for signs of infection and also to check amongst close contacts when informed of an infection
- To 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
- To promptly treat any members of the family who have a head lice infection
- To inform the school promptly if a school child has a head lice infection

- To use proprietary lotions only as a treatment when an infection is present and not as a preventative measure
- To seek help and advice from the school nursing team as necessary
- To recognise that prolonged and persistent failure to treat the infestation is likely to be distressing for the child

*Message sent to parent via Parent Mail upon detection of Head Lice:

Dear Parent/Carer

We are contacting you to advise that live louse have been seen on ...'s head today. Please see the attached NHS link for treatment guidance www.nhs.uk/conditions/head-lice-and-nits. Please ensure appropriate treatment is carried out before he/she returns to school tomorrow.

**If the child says they are or appears to be experiencing discomfort due to the head lice and is finding it difficult to concentrate on school work, this message will be sent to parents:

Dear Parent/Carer

We are contacting you to advise that live louse have been seen on ...'s head today. Please see the attached NHS link for treatment guidance www.nhs.uk/conditions/head-lice-and-nits. Please ensure appropriate treatment is carried out before he/she returns to school tomorrow. If however you would like to collect ... early so that you can carry out the treatment then you can.