

## Head Lice

### 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.

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.

What are Head Lice? 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)

### Prevention

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.

### **Detection**

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.

### **How to check**

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**

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.

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. Recurrent Infections

### **Playwise 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.
6. Children should not stay away or be prevented from returning to nursery 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. 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.

For any further information please visit [www.nhs.uk](http://www.nhs.uk)

# Head lice Policy

For

Playwise

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