



# SARUM HALL SCHOOL

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## HEAD LICE DETECTION POLICY

**Date:** October 2023  
**Next Review Due:** October 2027  
**Reviewed by:** First Aid Lead

## INTRODUCTION

Headlice can be a recurring problem in primary schools. This policy outlines guidance and responsibilities for the detection and treatment of the condition.

## REGULAR CHECKS: 'TAKE A PEEK ONCE A WEEK'

It is the **responsibility of parents and carers** to check for head lice and nits 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.

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 Health & Wellbeing Coordinator and School Office 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 Health & Wellbeing Coordinator 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 THE SCHOOL

If a member of the school staff suspects that a child has head lice, they should:

- inform the Health & Wellbeing Coordinator who will examine the child. If an infestation is identified the Health & Wellbeing Coordinator will contact the parent/carer to inform them of this and;
- Advise the parent/carer to collect their child and to treat **only** if there is a heavy infestation seen;
- 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;
- Parents will be notified if there is a case of head lice in their class.

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

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

- Head lice are taken into school from the community and not the other way around. 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.
- Head lice move rapidly when disturbed and can go unnoticed during routine school inspections.
- Early light infestation will usually not be easily visible to the naked eye and will easily be missed by routine school inspections.
- A child who is louse free at the time of inspection can pick up infection later in the day
- Routine inspections often provide parents/carers with a false sense of security

Therefore, the primary role of the Health and Wellbeing Coordinator is to:

- Provide proactive education and support for children, their families and staff, emphasising that head lice control is the responsibility of the family;
- 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 Health and Wellbeing Coordinator 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 Health and Wellbeing Coordinator will do a full follow up assessment one week after treatment;
- When the Health and Wellbeing Coordinator checks they will ensure that they are supporting the family and will not replace parental responsibility.

## EDUCATING SCHOOL STAFF AND PARENTS

One role of the Health and Wellbeing Coordinator 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 Health & Wellbeing Coordinator for confirmation.
- Supporting and teaching parents as needed using resources such as the school bulletin and this policy to give guidance in the detection and treatment of head lice.
- Providing detailed information about prevention and treatment on the Learning Portal.

The links below provide up to date guidance for the education of staff and parents:

- Government guidance: <https://www.gov.uk/guidance/head-lice-pediculosis>
- NHS guidance: <https://www.nhs.uk/conditions/head-lice-and-nits/>
- NICE guidance: <https://cks.nice.org.uk/topics/head-lice/>

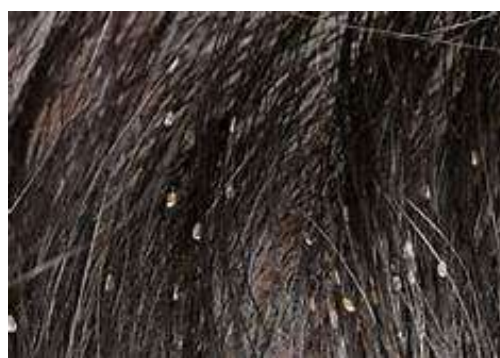
To avoid humiliating a child, the checking for head lice is done in a private well-lit area of the school such as the medical room. The Health and Wellbeing coordinator who carries out the checks will do so with the child's co-operation and will be sensitive and confidential with their findings.

When a live head louse is found, then and only then, is the child treated at home.

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