

Dykehead Primary School

Wellbeing Advice – Head Lice

“Determined Pupils Succeed”



Guidelines for the Control and Treatment of Head Lice

Head louse infection is a problem of the wider community and not primarily of schools. It cannot be solved by the school, but the school can help the local community to deal with it. *The primary responsibility for the identification, treatment and prevention of head lice in a family has to lie with the parents/carers.* This advice aims to outline for parents the responsibilities and actions of the school, but further support can be sought from healthcare professionals such as the GP, school nurse or local pharmacy. These professionals can support diagnosis, management and treatment. Treatment is never advised unless there is convincing physical evidence that living lice are present on the head of at least one of the family.

The School's Responsibilities

The school has a responsibility to provide clear, accurate, up to date information about head lice. This should be done on a regular basis, and not only when parents' or teachers' concern is already raised or there is a case in the school. School nurses will not undertake head inspections as a routine screening procedure. Any cases of head lice reported to the school, or detected by the school, will be treated in the strictest confidence.

If you detect head lice in your child's hair, please inform the school. If a parent informs the school of head lice, the school may notify the school nurse who may contact the family to offer support. If the school suspects that a child has head lice, the parents and/or the school nurse may be informed. He/she will advise the family of the situation and give advice on checking and treatment as necessary. Ideally this should take place at the family home. If examination of a specific child at school is felt to be appropriate, parental consent will be sought by the School Health Service. Routine head inspections, as a screening measure have been found to be without value and are no longer recognised as good practice.

Alert letters

It has been the practice to send 'alert letters' out from schools when head lice are detected in pupils. It is now widely recognised that these have been one of the principle causes of unnecessary public alarm.

This action is no longer recommended for the following reasons:

- head lice are not easily transmitted widely in the school, unlike other more infectious illnesses such as chickenpox;
- in most schools there will always be someone with head lice.;
- letters can convert recognition of the usual background levels of infection in the community into a 'pseudo outbreak' in the school;
- inappropriate over use of insecticides often results.

The Education (Scotland) Act 1980, part II section 58 (5 and 6) makes it clear that it is an offence for a parent to send a child to school with recurrent infection *due to their neglect*. Head teachers may exclude infected children from school until they have been treated, but only after a member of the School Health team has confirmed the infection, or has stated that they have reason to believe the child to be infected.

Exclusion is not normally used because:

- it is an overreaction to a problem which is not a public health threat;

- it cannot ensure the elimination of infection from the family of the child;
- it is not used for other conditions of low transmissibility such as verrucae or herpes simplex (cold sores).

General Advice for Parents

Do not diagnose head louse infection unless you yourself have found a **living**, moving louse; if you are unsure you could stick one to a piece of tape and bring it in to one of your other health advisors.

Do not begin treatment unless a louse has been identified (as described above). Treatment should be followed up by combing as per the instructions provided with the product. It should be noted that treatments may be available for free either on prescription, or through the minor ailments scheme at the local pharmacy. **Do not re-treat** without first seeking advice from a Healthcare Professional. Healthcare advice does not support the use of electronic combs, repellent sprays, or chemical agents not specifically licensed for the treatment of head louse infections.

Some Important Facts

- Head lice are only transmitted by direct, prolonged, head-to-head contact.
- At any one time, most schools will have a few children who have active infection with head lice. This is often between 0% and 5%, rarely more.
- Transmission of lice within the classroom is relatively rare. When it does occur, it is usually from a 'best friend'.
- 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 not a public health problem.