
Pembridge Hall School

Head Lice Policy

January 2011



Bug Busting

CHECK

TREAT

BEAT

1. AIM AND OBJECTIVES

Aim

To outline a policy for the management of head lice.

Objectives

To raise the level of awareness within the Pembridge Hall community, about the nature and management of head lice by distributing literature and using visual aids such as posters throughout the school.

To ensure roles and responsibilities of parents/carers, children, and school staff are defined and understood.

To support families in their management of head lice by assisting with regular head lice checks at school; checking pupils who are returning to school after treatment, and providing written information on the condition and treatment of head lice.

2. GENERAL INFORMATION

LICE - WHAT ARE THEY?

Head lice are very small wingless, grey/brown arthropod insects measuring two to three millimetres in length. Lice live close to the scalp as they require a temperature of 31°C or higher to survive. They feed by sucking blood from the scalp. The life cycle of the head louse has three stages: egg, nymph and adult. The female lays her eggs as close to the scalp as possible in order to ensure that they are at the optimum temperature for incubation. The eggs are oval shaped and usually yellow to white. They are glued to the hair shaft and normally hatch within 7 to 10 days. The emerging nymphs reach maturity in 6 - 12 days. The full grown adult louse lives for about 20 days. Once a person has contracted head lice, the infection develops steadily if left unchecked and untreated.

NITS - WHAT ARE THEY?

The eggs laid by the adult louse are known as 'nits'. Nits that are viable (will likely hatch) are usually found within 6mm of the scalp and are dark yellowish in colour. Nits that are a whiter opalescent colour are empty eggshells that are leftover from an old infestation. These remain attached to the hair and move out from the scalp on the growing hair. They are not a sign of active infection and do not require treatment other than manual removal with the conditioner/ combing method.

All reactions to lice take time to show, as it takes repeated bites for a person to become sensitised and start to itch. Also, individuals (usually adults) can become de-sensitised and fail to react to lice. These individuals can carry lice and be a constant source of infection and re-infection in families and communities. It would be prudent for the adults in families that have experienced head lice infestation to ensure that they too are regularly checked.

TRANSMISSION - HOW ARE THEY GETTING AROUND?

Head lice CANNOT jump, fly or hop. They can however react to the small static electrical charges that can be created by repeated combing with a plastic comb, thus leading to the common misconception that lice can jump, fly or hop. They are spread from one head to another by direct and close head to head contact. They clamber from shaft to shaft in dry hair and move from head to head.

Short hair is no protection against head lice. Transmission is from HEAD to HEAD and not from ends of hair. Head lice will dehydrate and die rapidly after being removed from the scalp. Transmission is also possible, but **UNCOMMON**, by sharing hats, scarves, coats and personal grooming items. It is not considered necessary to fumigate or boil wash clothing, sheets or pillow cases used by a person with head lice infestation.

3. IDENTIFICATION

PARENTAL RESPONSIBILITY

The primary responsibility for the identification, treatment and prevention of head lice in a family must rest with the PARENTS OR CARERS of the child/children.

It is the expectation of staff at Pembridge Hall that:

All children are thoroughly checked for the presence of lice at home, ideally once a week, using the recommended conditioner/wet-combing detection method.

Children with long hair (shoulder length or longer) come to school with their hair tied back.

Your child does not attend school with untreated head lice.

Parents/carers will notify the school if their child is found to have head lice and advise when appropriate treatment was commenced.

Parents of affected children will notify the parents of their children's close friends to allow an opportunity for early detection and treatment if necessary.

Your child continues to attend school as normal if nits have been found, but that parents/carers begin the appropriate treatment/elimination method. (Refer to section on treatment).

SCHOOL RESPONSIBILITY

In order to support families in the management of head lice, we will undertake to do the following:

Provide an adequate designated room for regular periodic head lice checks to be carried out.

Provide parents with information on the condition and treatment of head lice, and post this policy on the school website.

Work with volunteer parents through the Pembridge Hall Parents Association to carry out periodic head lice checks.

Provide a designated member of staff (Miss Tworek) to have overall responsibility for communicating with parents in the event of a head lice infestation, and to carry out a head lice check on every girl who is returning to school after being treated at home for head lice.

IDENTIFICATION - At School

Volunteer parents organised by the PHPA will come to school to carry out a head lice check on the **FIRST MONDAY** of each half term and at the **END OF EACH HALF TERM**.

In addition, a volunteer task force (organised by year) of parent "Bug Busters" lead and supervised by Miss Tworek, the school First Aid Officer, will come in during "Bug Busting Week" (one year group per day) to carry out a thorough mid term check just before breaking up for half term.

All parents and staff involved in the checking procedure must communicate with the girls and each other with respect and sensitivity.

What happens if your daughter is found to have head lice at school?

You or your appointed carer will be called and asked to come and collect your daughter from school as soon as possible for treatment. Information on how to treat head lice will be given to you. Your daughter may return to school after treatment has been given and she is free of head lice. Your daughter will be checked for head lice immediately upon her return to school. If she is still found to have live lice, you or your carer will be asked to take her home again for further treatment.

If your daughter is found to have nits only, she may remain in school. A letter will be sent home informing you that she has nits and you will be expected to follow up with removal using the conditioner/wet-combing method or an appropriate treatment.

4. TREATMENT

The UK National Health Service recommends two methods of treating head lice infestation:

1. Wet combing method
2. Medicated lotion or spray

WET COMBING METHOD

- Wash the hair using ordinary shampoo and apply ample conditioner. Using a wide-toothed comb straighten and untangle the hair.

- Once the comb moves freely through the hair without dragging, switch to the louse detection comb. Make sure that the teeth of the comb slot into the hair at the roots with the bevel edge of the teeth lightly touching the scalp.
- Draw the comb down to the ends of the hair with every stroke and check the comb for lice.
- Remove lice by wiping or rinsing the comb.
- Work methodically through the hair section by section until the entire head of hair is combed through.
- Rinse out the conditioner and repeat the combing procedure with the wet hair.
- **REPEAT the procedure on day 5, 9 and 13 in order to clear the young lice as they hatch, before they have time to reach maturity.**

MEDICATED LOTION OR SPRAY

Medicated lotion or spray is an alternative method for treating head lice. However, no medicated treatment is 100% effective. Your pharmacist will be able to recommend an over-the-counter lotion or spray.

Medicated treatments should only be used if a living (moving) head louse is found.

Creme rinses and shampoos are not thought to be effective and are therefore not recommended.

Make sure that you have enough lotion to treat everyone in your family who is affected by head lice. Use enough to coat the scalp and the length of the hair during each application.

Follow the instructions that come with the medicated treatment when applying it. Depending on the product you are using, the length of time it needs to be left on the head can vary from 10 minutes to 8 hours.

The normal advice is to treat once, then repeat after 7 days. Some products also supply a comb for removing dead lice and eggs.

Traditional insecticides must not be used more than once a week for three weeks in a row.

Some medicated products may be capable of killing eggs (nits) as well as lice, although there is no certainty of this. **Check for baby lice hatching from eggs 3 to 5 days after applying treatment, and again 10 to 12 days thereafter.**

A minimum of two applications of medicated treatment are needed to kill the lice over the hatching period because the lotions do not always kill louse eggs.

If the lice appear not to respond to chemical treatment (some may have developed resistance to certain products) or if the problem persists and you are experiencing repeated infestations, seek advice from your family doctor or paediatrician.

CAUTIONS

Always seek medical advice before using medicated products on:

- young babies (under 6 months old)
- pregnant women
- people with asthma or allergies

Always read the instructions carefully before using any medicated head lice lotions.

PRODUCTS & SERVICES

The following products have been recommended by parents:

NYDA (Available from Boots chemists, and other pharmacies)

Hedrin (Available from Boots chemists, and other pharmacies)

The Bug Buster Kit - non-chemical (Supplied by Community Hygiene Concern. www.chc.org)

Lyclear (Available from Boots chemists, and other pharmacies)

Full Marks Solution (Available online from: www.expresschemist.co.uk)

The Hair Force : Head Lice treatment service based in Primrose Hill. Tel: 020 7485 7351

www.thehairforce.co.uk

REMEMBER: CHECK TREAT BEAT!

The following sources were referenced in writing this policy:

The UK National Health Service : www.nhs.uk

Community Hygiene Concern: www.chc.org

