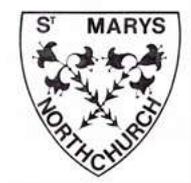


Excellence Together, Learning Through Faith.



St Mary's C of E (VA) Primary School

As a Church School we seek to ensure that the ethos and principles of Christianity underpin the experiences of the children in our care.

“St Mary's is an inclusive school where we believe that all people are of equal value, irrespective of their ethnicity, culture, religion, gender, ability or sexual identity. We recognise and respect their differences.”

Head Lice Guidance

This policy is GDPR compliant.

Date of issue: March 2016

Last reviewed/adopted: December 2018 (Academic Standards Committee)

Next review date: Autumn 2021

Signed: _____

Date: _____

St Mary's C of E Primary School

Head Lice Guidance

This leaflet aims to help us to:

- ✓ Learn about head lice.
- ✓ Reduce anxiety about head lice.
- ✓ Discover how to detect them.
- ✓ Work together to get rid of them.



Head lice are not dangerous and do not spread disease, but cause anxiety and distress amongst parents.

This leaflet has been created taking advice from the School Nurse. Our current School Nurse is Sally Dussack, you can call her on 07827 232859 for further support.

The role of families:

What we expect from you

- ✓ **Check for head lice, ideally using detection combing on wet hair, once a week**
- ✓ **If live lice are discovered, treat the infestation as soon as possible**
- ✓ **Inform school that your child has had head lice and undertake contact tracing (see details overleaf)**

The role of the school:

What you can expect from us:

- ✓ Advise parents on the nature of head lice infestations and the means of controlling them (this leaflet).
- ✓ Periodically arrange parent information sessions with the School Nurse.
- ✓ If staff suspect that a child has head lice, we will ask parents to assess the child A.S.A.P. and confirm whether or not there is a head lice infestation.
- ✓ Individual reports will be kept confidential.
- ✓ We will refer families to the School Nurse for further support, if required.
- ✓ Staff are 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).
- ✓ Children will not be excluded because of head lice. We feel such measures are extreme and unjustifiable, except possibly as a last resort, in very exceptional circumstances.

What are head lice?

A head louse is a tiny, wingless insect that can attach itself to a person's hair, where it feeds on extremely small amounts of blood from the scalp.

They can only move to another head by crawling from hair to hair when the heads physically touch.

Head lice lay eggs around the roots and on the hair – it is the eggs that are more commonly seen in children than the lice.

0.5 – 2mm



Egg (nit)

1 – 2mm



Juvenile (Nymph)

2 – 3mm



Adult

Some head lice facts.....

- Head lice have nothing to do with cleanliness. Anyone can have lice. Lice love everyone!
- If a person is carrying 20 lice, those lice could lay 2,652 eggs during their reproductive life.
- The eggs take 7 to 10 days to hatch.
- "Nits" are the empty egg of a head louse after hatching.
- "Nymphs" are immature head lice, reaching maturity between 7-13 days. Before this they are unable to lay eggs, or move to another head.
- They can live for up to 40 days.
- Lice are programmed to want to move to another head and can move quickly when disturbed – a louse can travel up to 23cm in a minute.
- They cannot jump, swim or fly, only crawl from head to head, so they are not quite the all action heroes we might think.
- After mating, a female louse can store the sperm in a container in her body, so she does not need to mate again to continue producing eggs.
- Head lice only live on human beings, not on other animals.



Signs and symptoms

Surprisingly, the symptoms of a head lice infestation are often difficult to identify, particularly in adults.

Itching is an allergic reaction which only occurs in about a third of cases. Itching can take 2-3 months to develop and can continue for some time after effective treatment. In subsequent infestations, itching is likely to occur sooner.

Small white egg cases glued to the base of the hair are the most obvious signs of an infestation, but other things to look out for are black powdery deposits on pillows and clothing, damaged lice floating on the surface of the water after hair is washed, or the appearance of a rash at the back of the neck.

NB – You only have a head lice infestation if LIVE lice are found in the hair. Empty egg shells from a previous infestation may remain in the hair. They can be picked or combed out, or left to grow out.



Prevention and detection

All families at St Mary's are asked to check their children's hair for lice once a week, ideally by wet combing, as this is acknowledged to be the best method of identifying an infestation.

The School Nurse does not routinely examine children for head lice, as this has been proved to be an ineffective policy – it is hard to accurately detect lice in dry hair.

The use of louse-repellents is not deemed to be a good way to deal with lice in the community, as they do not treat existing infestations. Anecdotal evidence from parents is that they may be helpful as a preventative measure.

Children should be encouraged to adopt good hair grooming habits and to use their own brushes and combs. If you have had an infestation, soak combs and brushes for 5-10 minutes in a pan of water at 60°C.

Laundry clothing and bed-linen immediately before lice treatment on a 60°C wash or higher. (Caution – do not bathe or shampoo in water this hot!) Dry cleaning also kills lice and eggs. Sealing clothes, soft toys pillows or blankets for two weeks in tightly closed plastic bags will kill lice and eggs.

Treatment

We recommend 2 methods of treating head lice:

- **Using Hedrin 4% Dimeticone, a non-pesticide treatment lotion. Lice are killed during two applications of the lotion a week apart.**
- **Wet combing for treatment.**

We would not recommend other traditional pesticide treatments, which work by poisoning the lice.

There is no evidence to support the use of electric combs. Insecticide shampoos are not recommended as they are considered to be too diluted to be effective.

Contact tracing

This is essential to treat the likely source of the infestation and to prevent re-infestation.

Contact anyone who has had head to head contact with the case and tell them that they need to undertake detection combing and treat the infestation if live lice are found.

Possible contacts: Parents, siblings, grandparents, other relatives, friends, school, after school clubs/activities, child minders.

1. Wet combing for detection and treatment

Sometimes known as "Bug busting", this is systematic combing with a fine toothed head lice detection comb. Live lice are physically removed by the comb.



"Nitty Gritty" combs also remove eggs from the hair.

Steps 1-4 below describe wet combing for detection. Continue with steps 5-8 if live lice are found, to treat an infestation.

1. Wet hair and towel dry. Apply a generous amount of any hair conditioner.
2. Comb with an ordinary comb to untangle hair and divide the hair into sections.
3. Carefully comb through each section of the hair about 2cm apart, using the head lice detection comb. Insert the teeth of comb to the roots of hair and pull through to the ends.
4. Clean the comb between each section on a piece of kitchen roll check for live lice. Wash off the conditioner. If no live lice are found, repeat the procedure weekly.
5. If live lice are found, undertake contact tracing, to check family/social contacts for head lice. Inform the school office. If the contacts find live lice they must treat them to break the cycle of re-infestation.
6. Repeat the combing every three to four days for two weeks to treat the infestation.
7. If live lice are still present after carrying out the above procedure for two weeks, then seek advice from Sally, the School Nurse (07827 232859)

Visit the Nitty Gritty website: www.nitty-gritty.co.uk to buy a comb or to get more details.

Nitty Gritty combs are also available FREE on prescription for children from your GP or Nurse Practitioner.

Print out the letter on the link below & give it to your GP or Practice Nurse.

http://www.nittygritty.co.uk/site/images/content/Prescription_letter_for_GP.pdf

2. Hedrin 4% Dimeticone treatment



Hedrin is a non-pesticide treatment & has a lower incidence of irritant adverse effects vs traditional pesticides, as it is not absorbed through the skin.

Lice are killed by coating them - stripping away their waxy coating, causing them to dehydrate or by blocking the opening to their air tubes.

It is colourless, odourless & suitable for adults & children over 6 months. It is safe for use during pregnancy & breast-feeding & on asthma and eczema sufferers.

Hedrin does not kill lice eggs.

A second application a week later is vital to kill emerging lice

You can ask your GP or Practice Nurse for a prescription of Hedrin.

Application method:

1. Comb wet conditioned hair with detector comb once a week to check for lice.
2. If live lice are found, undertake contact tracing, to check family/social contacts for head lice. Inform the school office. If the contacts find live lice they must treat them, to break the cycle of re-infestation.
3. Apply the lotion carefully following the manufacturer's instructions, leaving on for 8 hours or overnight. If your child's hair is longer than shoulder length, you may need to use a second bottle.
4. Most dead lice will be washed out, but the eggs will remain attached, even when empty. "Nits" or empty egg shells cause no harm, but can be picked or combed out if required.
5. Repeat after 7 days (one treatment consists of 2 applications, 7 days apart)
6. Check the hair after 3 days (using wet combing). If live lice are still in the hair the reasons could be: lotion not used correctly or re-infestation from head to head contact.
7. If live lice are still present after carrying out the above procedure then seek advice from Sally, the School Nurse (07827 232859) or alternatively contact your GP