

**3.8 Head Lice Policy**

The aim of this policy is to ensure parents / carers are aware of the need to be checking their children’s hair regularly and know how to deal with the problem of head lice.

The role of the setting:

* Early Explorers Staff will not probe around a child’s hair to look for head lice, however if staff see head lice within a child’s hair or we feel a suspected problem exists parents /carers will be informed on collection.
* It will be explained that before their child returns they will need to treat their child with the correct lotion from a pharmacy or health care section. Purely washing a child’s hair is not sufficient treatment.
* If the child returns untreated they will be sent home immediately.
* Once the child has been treated they can return as normal.
* The setting can provide information on how to treat head lice if the parent /carer would like.
* Children with head lice will never be identified to others.
* If persistent cases of head lice are reported then a letter will be sent out to all children and families.

The role of the parents /carers:

* We ask you to regularly check your child’s hair and know how to deal with infestation.
* Be aware that anyone can catch head lice and it has nothing to do with ‘dirty hair’.
* To inform the setting if you suspect or find your child has head lice.
* To treat your child’s hair before they come back to pre-school.

Please see below for further information.

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**INFORMATION**

What are Head Lice?

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 touchingHead 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)

-Itchy head Signs of head lice

Previous Approach

In the past it was customary for nurseries to carry out routine inspection of children’s heads in schools. Previous Approach to Head lice Prevention 2 This was based on the belief that: a) Schools were the main source of the infection;

 b) Infection in schools was perpetuated by heavily infected children who could be easily identified by head inspections and then treated. This practice, a legacy of the Poor Laws, helped to perpetuate the stigma of ‘dirty heads’ and caused inappropriate labelling of children and families ,not to mention school nurses. Extensive research has undermined these previous beliefs and practices and shows that:

Change of Approach

a) The main source or reservoir for head lice infection is not the school/nursery but carriers in the general community, often adults, who have become desensitised to lice. They may have few symptoms and be unaware of their infection.

b) Routine head inspections by nurses or others are ineffective. A quick inspection may identify very lousy children but does not reveal those with just one or two lice. (Lice move fast and are difficult to see.) Children who have been ‘checked’ in this way are assumed to be louse-free and then they and their parents or carers may not bother to carry out the more effective preventative measures i.e. thorough grooming each day. Lice are then left to breed and infect others. The new approach involves emphasis on:

The New Approach

a) Twice daily grooming of children’s and adult’s hair which will disturb any lice present before they have a chance to get established and breed;

b) ‘Detection-combing’ to check for lice whenever infection is suspected and on a weekly basis for all children and their families;

c) Prompt, appropriate, and adequate treatment when infection is found;

d) Contact tracing when infection is found (i.e. identifying and informing people who have been in head to-head contact with an infected person);

e) Quick response when infection or contact with an infected person is suspected.

It is primarily the job of all adults to follow this approach for themselves, their children, or other adults in their care.

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. The Health Protection Unit recommends primary school - aged children and under, children should probably have their heads checked for head lice at least weekly, especially if their friends are known to be infected. 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.

For further information please visit http://www.nhs.uk/conditions/Head-lice/Pages/Introduction.aspx where you can watch videos on how to wet comb your child’s hair and get advice on treatments.