



## Scarborough College

### HEAD LICE POLICY

This is a whole College policy, including EYFS and the boarding community.

This guidance has been produced to provide Scarborough College staff, parents and children with up to date information regarding the management of head lice in school. The guidance supports information provided by the 'Head Lice Policy and Procedures' document issued by North Yorkshire and York PCT, Public Health and Environmental Group 'Head Lice – evidence based guidelines and recommendations from North Yorkshire Health Protection Unit.

Head lice infection is not primarily a problem of schools, but of the wider community. It is the parents' responsibility to manage the detection and treatment of head lice, Scarborough College will work in a co-operative and collaborative manner to assist all families to manage head lice effectively.

All staff at Scarborough College respect confidentiality and remain sensitive to individual circumstances, we advocate head lice infection is talked about openly and not concealed.

#### Procedures

##### General Prevention and Health Education

Information for staff and parents is available from the School Nurse or Public Health England.

##### In the Event of a Suspected Infection in School

- School Nurse to contact parents/guardians to ask them to check their child's hair for head lice and treat accordingly. Please see Appendix 1.
- Refer parents/guardians to NHS Choices or Public Health England for treatment guidance or Appendix 2 and 3.

##### In the Event of Confirmed Infection

- Parents/guardians to be reminded that all members of the household should check themselves and if live lice are found they should be treated as soon as possible. The child does not normally need to be sent home.

#### Acknowledgments

- NHS Choices

*Policy Last Reviewed* – September 2019



## Scarborough College

### APPENDIX 1

Dear Parents/Guardians

Head lice are a common part of childhood and we recognise it can be stressful treating head lice and frustrating if recurrent infections occur. Head lice are not primarily a school problem but one within the whole community so please help our combined effort to reduce the incidence of head lice in school.

We have enclosed an information leaflet about the detection and treatment of head lice infections. We advise all family members to check hair weekly as part of their normal personal hygiene routine, good hair care will not prevent head lice infection/infestation but may help to identify head lice at an early stage and so help control the spread of the infection/infestation.

Please remember only treat infection when live lice are detected, repellent sprays are not recommended and are ineffective.

If you would like further advice, information or support please contact the School Nurse.

Yours sincerely

**Linda Pinkney**  
**School Nurse**

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## Appendix 2

### Head Lice - The Facts?

Head lice are small insects with six legs, they are usually the size of a pin head and rarely get bigger than a sesame seed.

Head lice live on or very close to the scalp and feed by biting the scalp and sucking the blood. The female louse lives for about a month, laying 4-6 eggs a day. These are glued to hairs where the warmth of the scalp will hatch them out in 7-10 days.

Head lice do not jump from head to head or indeed from head to objects. They are only transmitted by direct, prolonged (more than one minute) head to head contact.

Transmission of head lice in a classroom is relatively rare. When it does occur, it is usually from a best friend.

Nits are empty or dead egg cases that are often found further along the hair shaft as the hair grows out. They are a good indicator that lice are about, but not proof that someone is infected.

All types of hair can be infected by head lice and adults as well as children can be infected.

Head lice will not be eradicated in the foreseeable future, but a sensible informed approach, based on fact not mythology, will help limit the problem.

At any one time most schools will have a few children who have active infection. This is often between 0% - 5%, rarely more.

The *perception* of parents is often that there is a serious "outbreak" with many children infected. This is hardly ever the case. The "outbreak" is often an outbreak of alarm and agitation, not infection.

## Appendix 3

### Has your child got Head Lice?

Detection Combing and how to do it:

#### You need:

Plastic detection comb, only those with flat-faced, parallel-sided teeth less than 0.3mm apart are appropriate sold usually at a good pharmacy. Good lighting is also essential.

#### Procedure:

- Wash the hair well and then dry it with a towel. The hair should be damp.
- Make sure there is good light. Daylight is best.
- Comb the hair with an ordinary comb.
- Start with the teeth of the detection comb touching the skin of the scalp at the top of the head.
- Keeping in contact with the scalp as long as possible, draw the comb carefully towards the edge of the hair.
- Look carefully at the teeth of the comb in good light.
- Do this over and over again from the top of the head to the edge of the hair in all directions, working around the head.
- Do this for several minutes. It takes 10-15 minutes to do it properly for each head.
- If there are head lice, you will find one or more lice on the teeth of the comb.
- Clean the comb under the tap. A nail brush helps to do this.