



St Mary's CE Primary School

Head Lice Guidance



What are head lice?

Head lice infection is caused by a small insect with six legs but without any wings. An adult louse is between 3-5 mm in length (about the size of a sesame seed) and is tan to greyish white in colour. The louse can only live on humans. It lives on hair shafts close to the scalp and feeds off blood from its host. It has a life cycle that is made up of three stages: egg, nymph and adult. Adult females can lay up to 8 eggs (also called nits) per day. The nits are cemented to the base of the hair shaft nearest the scalp. They are oval in shape and approximately 0.8mm by 0.3mm in size. They take about a week to hatch. To be viable nits generally need to be no further than 6 mm from the scalp. The egg hatches to release a nymph. The nymph looks like an adult louse but is the size of a pinhead. The nit shell then becomes more visible and remains attached to the hair shaft. Nymphs become adults about seven days after hatching.



Epidemiology

Head lice infection is widespread and most common in children of school age. In the past it was thought that head lice were a school rather than a community problem, but it is recognised that head lice spread into schools from the community and that children of school age are the group most likely to become infected. There are no accurate figures available on the prevalence of head lice.

Head lice are spread from person to person through prolonged head to head contact. Lice are as likely to be found on clean as dirty hair. The majority of infections do not produce symptoms and symptoms such as itching may not occur for up to 3 months.

Treatment and evidence for its effectiveness

Treatment should only be initiated if there is physical evidence of living lice. Close contacts of the infected person should be identified and if found to be infected should also be treated. The best means of detecting living lice in contacts is through wet combing see below “What is the best way to detect head lice?”

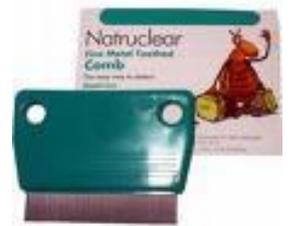
There are a number of insecticidal treatments available from the chemist, but tea tree oil is still amongst the best treatment as the lice really don't seem to like this.

What is the best way to detect head lice?



Parents are encouraged to check their children's hair at least once a week. There is evidence that the wet combing technique is better at detecting lice than visual inspection of the scalp. For wet combing, the hair should be washed with shampoo and rinsed. This is followed by the application of conditioner. The hair is then combed from the roots to the end with a detection comb. The whole head should be combed.

We would strongly recommend that you wet comb the family's hair weekly, as this will help to prevent infestation and/or spread of lice.



The school's approach

In some instances, it may be necessary for a member of staff to visually check a child's hair if they are itching their head but not if live lice are seen moving on the head.

If a child is found to have head lice in school, office staff will attempt to contact a parent. If the parent is able to, they should collect the child, treat their hair and return them to school, where possible within the same day. If a parent is not able to collect the child, then the child must remain at school, continuing with a normal day. If the school has been unable to contact the parent, then the class teacher must notify the parent at the end of the school day. Parents of the class should be notified, by Parentmail, that there has been a case of head lice in the class.

If nits are detected the child will remain at school all day but the parent/carer will be informed by telephone to enable them to treat their child when they collect him/her from school.

Guidance from the Department of Health states that there is no need for a child who has head lice to stay away from school. One reason for this is that if a child does have lice, he or she may have had them at school for several weeks before diagnosis.

Letters notifying other parents/carers of cases have not been found to curtail spread but often provoke itching and anxiety as a psychological response. However, a standard reminder via Parentmail will be sent to all parents of children in the affected class to remind them to check their child's hair on a regular basis.

It is expected that all children will return to school either immediately after treatment or the following day, whichever is sooner.

In cases of persistent infestation then the advice of the school nurse should be sought.

This information is guidance and should be treated as such. Each case is individual.

As a school we focus on prevention being more effective than cure so will promote this message to our school community.

