



GIGGLESWICK SCHOOL

Prep School Headlice Policy

Lead Author(s)	Head of Prep School
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1 RATIONALE

This policy attempts to set out the duties and responsibilities of parents, the school and the Health Authorities in dealing with head lice. It sets out what school can and cannot do legally as well as providing some practical advice as to how to tackle head lice.

For other medical conditions and infectious diseases parents should refer to the Parents' Handbook. The school follows advice given by the School's Medical Officer with regards notification to parents in these situations.

2 DUTIES

2.1 Parent's/Carer's Duties

As the carer of a child, you should:

Undertake regular weekly and where appropriate daily checks to ensure that your child/family is not affected. This should be done with a detector comb as noted in the advice section.

All family members should be checked.

If your child is affected, you should:

Inform the school as soon as possible.

Inform all contacts of the family / friends who may have come into head-to-head contact for a minute or more in the last month.

Seek advice from a medical practitioner (Pharmacist/ Health Visitor/ Doctor) about using an approved lotion and treat using this method in the recommended way.

Follow the recommended CHECK, TREAT, COMPLETE procedure.

2.2 School Duties

The school will undertake to:

Provide information about head lice on an annual basis and more regularly if many cases arise. This will occur via a leaflet and signposting to relevant documentation and services which is also included in this policy.

Encourage parents to seek advice from a Health Visitor at their local surgery if they find head lice to be a problem.

Maintain a visual check on pupils.

Contact parents if they suspect a child may have head lice (e.g. frequent head scratching).

Alert parents (class/year group) via a letter/bulletin if an outbreak is noted.

Alert individual parents by letter/ phone call if a more persistent case is noted.

The school by law cannot

Carry out physical checks on pupils for head lice (other than boarders).

Tell parents to keep children away from school because of head lice.

Exclude a child from school because of head lice.

3 ADVICE

Facts about head lice

Head lice are tiny insects which live in the hair and feed by biting the scalp and sucking blood. The female head louse lays her eggs close to the scalp where it is warm enough to incubate them. The eggs, or nits, hatch out, start feeding and soon begin to lay more eggs. Empty eggshells are left attached to the hair when the louse hatches.

Head lice are caught by head-to-head contact with someone who already has them. Although anyone can catch them, they prefer the heads of 4–11-year-olds. Clean hair is no protection against them. When heads touch, the lice simply walk from one head to another. Adult lice take every opportunity to exchange hosts to avoid extinction through in-breeding.

Shared brushes and combs can also transmit lice so schools should discourage children from sharing combs and brushes. It is also sensible for schools to stipulate that the school photographer should not use the same comb to tidy every child's hair.

Shared hats, headphones and jackets hung close together do not, however, present a risk. This is because head lice that involuntarily fall off the head or clamber on to clothes or other articles, such as pillows or cuddly toys, are dying and harmless.

Signs of head lice

The way head lice feed causes itching, so scratching the scalp is usually the first sign that a child has head lice. It should, however, be pointed out that the onset of itching may be delayed by weeks, or even months, when someone first catches lice. Another sign of head lice may be a rash on the base of the neck caused by lice droppings. Anyone who has had head lice for a while may begin to feel generally unwell or 'lousy'.

Lice are most easily detected by combing really well conditioned soaking wet hair with a fine-tooth comb. Really wet lice stay still and cannot escape. Combing dry or damp hair with a fine-tooth comb is not a reliable way to detect lice. In dry or damp hair, lice move quickly away from the disturbance caused by a comb. Regular head inspections in school, therefore, are of dubious value because only the most severe cases are likely to be detected. Many milder cases will be overlooked, thus lulling parents and schools into a false sense of security.

Treatment

There are two main methods of dealing with head lice infestation: wet combing and use of insecticidal lotions.

Use of Insecticidal Lotions

Various lotions are available to treat head lice. They should only be used when live lice have been detected. There are three main groups of chemicals: pyrethroids, malathion and carbaryl. Carbaryl is only available on prescription. Apart from being expensive, there are concerns that

head lice are becoming resistant to these treatments and that they may be unsafe when used repeatedly. They should be used with caution by infants, pregnant women, breastfeeding mothers and anyone with asthma, eczema or other allergies. Even if treatment is successful, the child may catch lice again shortly afterwards. In the instructions for use, malathion, carbaryl and pyrethroid products (lotions and mousse) advise against treating hair more than three times successively at weekly intervals. Community Hygiene Concern suggests that this instruction should apply to any combination of insecticides.

Wet Combing or 'Bug Busting' Method

The 'bug busting' method is an alternative method, devised by the charity 'Community Hygiene Concern', which avoids the use of insecticides. After washing the hair, copious amounts of conditioner should be applied and, after detangling with an ordinary wide toothed comb, the hair should be combed, sitting upright or leaning over the bath, from the roots with a special 'bug buster' fine tooth comb, with the teeth of the comb slotting into the hair at the roots with every stroke. After each stroke, the lice should be cleared from the comb.

Wet lice find it difficult to escape from this combing. Hair which is slippery from conditioner makes it hard for them to keep a grip and so removal with the comb is easier. The lice should then be wiped onto kitchen paper and disposed of, or simply rinsed away. This routine should be repeated every 3-4 days for two weeks so that any lice emerging from the eggs are removed before they can spread. Given that head lice do not lay eggs until about a week after they have hatched, it follows that removing the live lice regularly will result in lice-free children in a fortnight. Re-infection can, of course, occur if head-to-head contact is subsequently made with someone with head lice. 'Bug buster' kits, containing instruction leaflets, five combs (a detangler comb and combs for removing baby and adult live and empty shells) and a plastic cape, are reusable, and are available from some local chemists or from Community Hygiene Concern (see below for address).

Prevention of spreading

Head lice infestation, particularly when repeated, can cause great distress.

Further information on 'bug busting' can be found at
Web site: www.chc.org
01908 561928

Parents are requested to check their child's hair regularly, using the 'bug busting' wet combing method described above, and inform the school as soon as they discover any head lice.

If an outbreak occurs, all parents will be sent a standard letter, alerting them to the outbreak and asking them to take part in a 'bug busting' campaign, involving careful combing of the whole family's conditioned hair with a 'bug buster' comb every three days over a two week period. All parents should be asked to take part, regardless of whether they think their child has lice, since without rigorous checking the lice are easy to miss. Teachers and their families should also participate in the campaign.

Parents who choose to use an insecticidal product should also be advised to 'bug bust' 3-5 days after application, to check that no lice remain after the treatment and to clear any new lice which may be caught, before they multiply.

For Further information:

<https://www.nhs.uk/conditions/head-lice-and-nits/>

4 CHECK, TREAT, COMPLETE

CHECK:

Your child's hair once a week.

Use a proper detection comb – with teeth no more than 0.3mm apart to trap head lice and white in colour so they can be easily identified (the school can provide this for you).

If you find live lice, consult a pharmacist for treatment advice.

If head lice are spotted, take a close look at all the family, including yourself and ask close family and friends to check as well.

TREAT:

Only treat if live lice are identified.

Use a clinically proven treatment, ideally with a physical mode of action to which lice are very unlikely to build a resistance.

Leave the treatment on for the recommended time for maximum effect – leaving it on for longer will not make it more effective.

COMPLETE:

Repeat the treatment for a second time, seven days after the first, to kill any lice that may hatch from eggs during that time – if the pack instructions specify that a second application is required

Check that all head lice have gone within two to three days of the final application of head lice treatment to complete the process

Continue to check for head lice on a regular, weekly basis.

Guidance for this policy: NUT Advice to Schools, NHS UK



GIGGLESWICK
SCHOOL

Giggleswick School,
Settle, North Yorkshire,
BD24 0DE

tel: +44 (0) 1729 893 000

email: enquiries@giggleswick.org.uk

www.giggleswick.org.uk

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