POLICY ON MANAGING HEAD LICE INFECTION IN CHILDREN

Advice and Practice in line with National Guidelines

April, 2003
Head Lice is a common problem, which can affect the whole community, adults and children alike. However, head lice infection is most common amongst children and this guidance is intended to offer advice to health, education and social work professionals on managing head lice infection is schools.

The 1988 Stafford Report, Guidelines on the Diagnosis and Treatment of Head Lice, gave rise to changes in the way head lice infection is managed and where the responsibility for detection lies. This guidance seeks to disseminate learning from the Stafford Report and take forward implementation of some of its recommendations.

The Stafford Report states:

“Head lice are not primarily a problem of schools, but of the community. Stigma and tradition, however, combined with inadequate public and professional knowledge continue to hold schools responsible”

Effective management depends on the ability of all relevant professionals/agencies to offer clear and impartial advice and support to parents on detection and treatment.

“What the control of head lice is not the responsibility of any one agency alone.”

What are Head Lice?

Head lice are small, six-legged wingless insects which are pin-head size when they hatch, less than match-head size when fully grown and are grey/brown in colour. They are difficult to detect in hair even when the head is closely inspected. Head lice can cause itching.

Head Lice live on or very close to the scalp at the base of the hair, where they find both food and warmth. They feed through the scalp of their host. The female louse lays eggs in sacs, which are very small, dull in colour and well camouflaged. These are securely glued to hairs where the warmth of the scalp will hatch them out in 7 to 10 days. Nits are the empty egg sacs, which are white and shiny and may be found further along the hair shaft as the hair grows. Nits are often easier to see than the head lice themselves. Many people mistake the empty egg sacs – or ‘nits’ – for head lice or believe that it is evidence of an active head lice infection. This is not true; it is evidence of a previous infection.

A head lice infection cannot be diagnosed unless a living louse has been found on the head.
During their life span of one month, head lice will shed their skin up to three times. This skin, combined with louse droppings, looks like black dust and may be seen on the pillows of people with head lice.

**Head lice cannot fly, jump or swim; they can only be contracted by direct head to head contact.**

**Contrary to popular belief, the length, condition of cleanliness of hair does not predispose any particular group to head lice infection.**

Anyone with hair can catch head lice, meaning that the problem, whilst often more prevalent in children, is not unique to them.

Whilst cleanliness is not related to contracting a head lice infection, regular hair washing and combing does offer a good opportunity to detect any infection so that it can be treated. Head lice cannot be prevented, but daily brushing and grooming can aid early detection.

**Responsibility**

The Stafford Report states that,

> “The primary responsibility for the identification, treatment and prevention of head lice in a family has to lie with the parents, if only for reasons of practicality. Parents however, cannot be expected to diagnose current infection, or distinguish it from successfully treated previous infection or other conditions if they are not adequately instructed and supported by health professionals.”

Previous practice relied on the school nurse conducting regular inspections but the Stafford Report recommended that parents are responsible for regularly checking their children for head lice because:

1. “Wet combing” is the only truly effective way to carry out an inspection.
2. Inspections need to be done regularly – children may not be infected on the day when inspections were done in the past
3. School Inspections are time consuming and never done on a sufficiently regular basis to make an impact
4. Important to de-stigmatisethe identification of head lice for children and parents, by moving away from school inspection.

**Regular checking of children’s heads is important, but it is a parental responsibility.**

Education and health professionals do, however, have a key responsibility to offer supportive advice to parents.

Head lice can be distressing and disturbing for children and parents. However, head lice are not harmful, and children and parents should be re-assured that having head lice is nothing to be ashamed of. It is crucial to de-stigmatise head lice infection.
Detecting:

The Stafford Report highlighted that weekly checks, by “wet combing”, are the most effective method of detection.

**What is “Wet combing”?**

- Wash the hair and apply conditioner, then comb through with a wide-tooth comb to remove tangles.
- Taking a section at a time, a fine tooth detection comb is then pulled downwards through the hair, keeping the comb close to the scalp (where head lice are often located).
- The comb is checked for lice after each section.
- The comb must be fine enough to catch the lice and a pharmacist should be able to recommend a comb for this purpose, if parents are in any doubt.
- This process should be completed weekly.
- Checks should be continued following treatment to ensure that it has been effective and to detect any re-infection.

Treatment:

Once infection is detected there are two treatment approaches:

1. Use of insecticide lotions
2. Removal by wet combing – sometimes called “bug busting”

Both methods require continued combing to remove any unhatched eggs.

Re-infection can occur if a child has direct head-to-head contact with someone else who has head lice. It is likely that a child will become re-infected unless the whole family, and all those who have been in close contact with the child, have been checked and, if live lice are found, treated.

**Insecticides**

Advice on the use of particular insecticide lotions can be given by GP’s, nurses or the pharmacist.

*Insecticide treatment should never be used as a preventative measure as the use of insecticide products on a regular basis may result in insecticidal resistance. Insecticide lotions should only be used when a living louse has been found on the head.*
Bug Busting

This is a non-chemical approach. It is time consuming and to be effective, must be carried out every 3 days for up to 3 weeks to remove newly hatched lice. Insecticide treatments offer a more immediate solution to a head lice infection, but some parents may have concerns about using these sorts of treatments.

Alert Letters

‘Alert Letters’ should not be sent to the parents of other children in the class of a child who may be infected with head lice because

- ‘alert letters’ are not routinely sent out for other, more communicable diseases or infections.
- most schools are likely to have a few pupils with head lice at any one time
- ‘alert letters’ could potentially be required every day of the school year
- ‘alert letters’ can lead parents to believe that there is an ‘outbreak’ when in fact, only one child in the class may be infected.
- Parents may treat a child preventatively, which is neither necessary nor advised

Only parents of a child who appears to have a head lice infection should be informed, in writing or by telephone. This should be handled sensitively as it may be distressing for parents.

Regular information to remind families about detection and ‘wet combing’ should be sent home from school.

Exclusions

The 1975 Regulations state that education authorities shall not exclude a pupil from school unless specific circumstances prevail.

There are a number of statutory provisions concerned with exclusions, ensuring the cleanliness of pupils, and preventing the spread of disease among schools. Head Lice infection is not considered a disease or a danger to health.

Parents should be advised that it is not necessary to keep children off school because they have head lice.
Persistent or recurrent head lice infection

If a child is still infected following treatment their parents should take them to a health professional to establish whether it is a re-infection, or if previous treatment has not been effective.

A major cause of concern for parents is re-infection of children who have been treated following contact with children who have not.

Families experiencing continuing or recurring head lice infection should be assisted and supported, as they would be if their child contracted any other infection. This should include co-ordinated and sustained support and help in the community and from health professionals.

If a child presents with consistent or repeated head lice infection despite information and support to parents to treat the recurring head lice infection, health professionals and school staff should jointly consider what action to take next. If the family is experiencing difficulties which prevent the parents from treating head lice infection effectively, they may need additional or special help from the health service or local authority social work services at home. The Children (Scotland) Act 1995 requires the local authority to safeguard and promote the welfare of children in need, with the assistance of other agencies, including health services.

Any decisions taken should have the child’s welfare as the paramount consideration

Under section 58 of the Education (Scotland) Act 1980 it is an offence, ultimately punishable by fines or imprisonment, for a parent to send a pupil to school with recurrent infections due to their own neglect. However, health and education professionals must approach parents who neglect to treat their children from a position of support and encouragement, rather than with threats of punishment.
Guidance for Head Teachers

General:

- Head louse infection is not primarily a problem of school but of the wider community. It cannot be solved by the school, but the school can help educate the local community to deal with it.
- Head lice are only transmitted by direct, head to head contact.
- Head lice will not be eradicated in the foreseeable future, but a sensible, informed approach, based on fact not mythology, will help to limit the problem. Education of parents in reliable detection is the first step towards overcoming the head lice problem.
- At any one time, most schools will have a few children who have active infection with head lice. This is often between 0% and 5%, rarely more.
Practice for the staff of St. Ninian’s when dealing with Head Lice in accordance with the National Guidelines

Practice

- If head lice are observed on a child’s head by a member of staff, they should inform the DHT or HT (if unavailable PT)
- They should record their observations
- A member of the management team will contact the parent of the child who is infected to advise them that head lice has been noted and that they should treat their child using either an insecticide or the ‘bug busting’ kit.
- A member of the management team will inform the school nurse of the cases of head louse infection.
- Families experiencing continuing or recurring head lice infection should be assisted and supported, as they would be if their child contracted any other infection. This should include co-ordinated and sustained support and help in the community and from health professionals.
- Children who have, or are thought to have, head lice should not be excluded from school or stigmatised.

Advice & Prevention

- Send out information to parents twice termly reminding them of their responsibility to check their children’s hair at least once a week using the wet comb method.
- Organise workshop for parents of P1 children by school nurse in first term
- Use the health and PSD curriculum to educate and encourage children and parents to check for head lice at home on a weekly basis.