

## Head Lice Policy

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**Title:** Head Lice Policy

**Identifier:** **NHSG/XXX/XXX/XXX**

Across NHS Boards	Organisation Wide	Sector Wide	Clinical Service	Sub Department Area
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**Review date:** February 2009

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**Policy application:** NHS Grampian

**Purpose:** This policy is aimed at staff in the NHS, local authorities, and private sectors as well as the general public to provide them with the most current head lice information which when followed will help to:

- control and reduce the incidence of head lice in the community
- provide practical guidance to professionals, educational establishments and agencies on the current approach to the treatment and prevention of head lice.

**Responsibilities for implementation:** Health Protection Team

**Organisational:**

**Sector:**

**Clinical Service:**

**Policy statement:** The Head Lice Policy covers NHS Grampian area i.e. NHS and non-NHS sectors such as all departments of Aberdeen City Council, Aberdeenshire Council and The Moray Council.

**Review:** This policy will be reviewed every 2 years.

**Approved by:**

**Date:**

**Designation:**

# NHS GRAMPIAN

## Head Lice Policy

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## SUMMARY OF POLICY

- In order to promote a consistent approach to policy and practice, NHS Grampian guidance is based on the Scottish Executive National Guidance on Managing Head Lice in Children (2003).
- This revision supercedes all previous policies.
- Rotational treatment protocols (as previously advised) are unenforceable and are **not** recommended.
- Treatment (2 applications of lotion 7 days apart) should only be applied if **live** lice are detected.
- Detection combing two or three days after the final application of insecticide should be undertaken in order to check whether or not treatment was successful.
- All close contacts should be advised to check their hair but should **not** treat unless live lice are found.
- Treatment does not prevent re-infestation.
- If treatment fails, and live lice persist a healthcare professional should be consulted for advice regarding alternative treatment. (N.B. nits are empty egg cases and will remain after the lice are dead).
- Regular weekly detection combing should be encouraged, both for diagnosis and for removal of nits and dead lice after treatment.
- NHS Grampian does not endorse alternative products (e.g. herbal treatments, louse repellants).
- Repeated head lice infestation may be symptomatic of other family stresses or neglect. In such cases it is essential that relevant information be shared across agencies to ensure that comprehensive assessment and management of the family can be undertaken.
- **Any decision taken should have the children's welfare as the paramount consideration.**

## 1. INTRODUCTION

The 1998 Stafford Report, *Guidelines on the Diagnosis and Treatment of Head Lice*, gave rise to changes in the way head lice infestation is managed and where the responsibility for detection lies. The Stafford Report states that:

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

The Scottish Executive Guidelines form the basis of this headlice policy and seeks to promote a consistent approach to local policy and practice.

Effective management of head lice infestation therefore depends on the ability of all relevant professionals/agencies to offer clear, accurate and impartial advice and support to parents and members of the community on detection and treatment.

Throughout this policy, the terms:

- Parents include all those with parental responsibility, including carers
- Healthcare workers includes health visitors, school nurses and community nurses with a responsibility for schools

## 2. AIM

- To control and reduce the incidence of head lice in the community
- To provide practical guidance to professionals, educational establishments and agencies on the current approach to the treatment and prevention of head lice.
- To promote a consistent interagency approach to local policy and practice.

## 3. LEGAL ISSUES

- The Education (Scotland) Act 1980, Part 11 Section 58 (5 and 6) makes it clear that it is an offence, ultimately punishable by fines or imprisonment, for a parent to send a pupil to school with recurrent infestations due to their own neglect.
- 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.
- Under section 53 of the Children (Scotland) Act 1995 it states that the local authority can investigate when it has information suggesting that compulsory measures of care may be necessary. Allied to that ANY person can refer the information to the Reporter to the Children’s Hearing if they are concerned that the child is suffering or likely to suffer significant harm.
- **Any decisions taken should have the child’s welfare as the paramount consideration**

#### 4. SOME FACTS ABOUT HEAD LICE AND NITS

- The head louse is a small greyish or flesh-coloured insect, which feeds on blood and likes to stay close to the scalp for warmth. The human head louse cannot live on any other animal. It moves by crawling on hair and can neither jump nor fly. It grows to full size (smaller than a match head) in about ten days. Whilst growing it changes its skin three times. Cast skins and louse faeces (which look like black dust) may be found on the pillows of infected people.
- The female becomes sexually mature within 8 days of hatching and lays about six flesh-coloured eggs each night. These become glued to the base of the hair and take five to seven days to hatch (nymphs). The empty eggshells, called nits, grow out with the hair at a rate of about one centimetre per month.
- **Head lice are mainly transmitted by direct, prolonged, head-to-head contact.**
- Half the people with head lice are adults or pre-school children. Many affected adults and some newly infected children do not itch and are **unaware** they have head lice. Most infestations are caught **out of school** from other family members.
- Head lice move fast on the scalp and can easily be missed when a head is inspected. They have no preference for clean or dirty hair but probably are more easily caught and spread by people with short hair.
- Head louse infestations begin to cause itching in most children after 2 – 3 months. This is a reaction to louse saliva. Newly infected children tend not to itch. Most affected adults become desensitised and do not itch.
- Reinfestation may occur rapidly between intimate contacts.
- The presence of nits does not necessarily indicate active infestation
- Some individuals may develop dermatitis, especially behind the ears and on the neck. Impetigo of the scalp as a result of scratching occasionally occurs. In some children where dermatitis, impetigo or hair matting is evident due to recurrent infestations, neglect **must** be considered and a case investigation commenced immediately.

#### 5. THE PRINCIPLES OF HEAD LICE CONTROL

1. Definite diagnosis – a living, moving louse found by detection combing
2. Identification and detection combing of contacts
3. Simultaneous, thorough treatment of all CONFIRMED cases
4. Reapplication of treatment after 7 days.

**Vulnerable families may require additional practical advice and support.**

## 6. PREVENTION

- Anti-lice treatments do **NOT** prevent infestation.
- Children should have a brush and comb and be taught to use them. Children and adults should brush or comb their hair twice a day as part of normal grooming. This may help prevent any infestation becoming established.

## 7. DIAGNOSIS

**Unless a living, moving louse is found, diagnosis of head lice infestation cannot be made with certainty no matter:**

- How many nits (empty eggshells) are present
- How many reported cases there are in school
- How bad the itch is
- However dirty the pillows are

Parents should use a detector comb on **wet** hair each week to check for head lice. Combing may be helped by the presence of hair conditioner applied to the wet hair and combed through thoroughly. Wet combing may also remove newly hatched lice before they are sexually mature and able to lay eggs, thus reducing the extent of the infestation.

Parents should watch for early signs of infestation (black dust on the pillow from casts and lice faeces) and use a detector comb if ever they suspect head lice and whenever they are warned of a possible contact.

When washing the hair the sink plug can be inserted so that the water may be checked for any lice that may have been washed off.

## 8. TREATMENT

**NHS Grampian does not recommend a policy of rotating between specified insecticides.** Such a policy is unenforceable, due to over the counter (OTC) availability of more than one preparation. There are also doubts about the scientific grounds underlying the concept of limiting the treatment to one chemical agent for a period of 3 years.

When **live** head lice have been detected, the patient's pharmacist, school nurse, health visitor or GP can advise on the appropriate lotions for treating the infestation.

Treatment **must be reapplied after 7 days to** ensure any lice that hatch following the first application are killed. (**Note:** this may not be stated in the information sheet contained within the product.) Some eggs may not be affected by the first treatment in every case and newly hatched head lice may still be present after the first treatment.

Head lice treatments available and in use in the UK without prescription are:

- **malathion** e.g. Derbac-M, Prioderm
- **phenothrin** e.g. Full Marks Liquid, Full Marks Lotion
- **dimeticone** e.g. Hedrin



- **Carbaryl**, is prescription only and should be used **only** if the other preparations are proven to fail.

Some preparations contain alcohol, which may produce adverse effects in certain individuals e.g. those suffering from eczema or severe asthma. In such cases, an aqueous preparation e.g. Derbac-M or Carylderm Liquid should be considered.

Excessive use of chemicals can cause skin reactions, which may be mistakenly understood by the patient as evidence of head lice.

It should be noted that most “treatment failures” are due to either misdiagnosis or inadequate treatment. If it is certain that a chemical treatment has failed for an individual or a particular family, then another product whose active ingredient is in a different insecticide class should be used.

If treatment appears to fail supervision and assistance may be appropriate e.g. a home visit by a health visitor or advice and support from the school nurse. Further thorough attempts to define a source of recurring infestation should be considered e.g. have **all** household members actually undertaken thorough detection combing? Further treatment failure will necessitate consultation with a GP.

Babies under the age of 6 months should only be treated under medical supervision and if the presence of lice has been confirmed in their hair.

As chlorine may lessen the effect of insecticides it is recommended that if the person has been swimming in a chlorinated pool in the 72 hours before treatment, the hair should be washed and dried before lotion is applied. Swimming should not be banned after treatment is complete.

“Bug Busting” is a non-insecticide alternative to lotions and involves combing out all the lice using the wet-combing method described in Appendix 1. To be effective, Bug Busting needs to be repeated every two or three days for up to 3 weeks to ensure that all head lice are removed and is easier if conditioner has been applied. It takes approximately 20 minutes to wet-comb short hair and 30 minutes for longer hair. “Bug Busting” kits are available from pharmacies.

Many substances have been claimed to be effective in preventing or treating head lice, but are not supported by NHS Grampian. While dilute vinegar is harmless, some essential oils (e.g. tea tree and lavender oil) can be quite toxic, especially as concentrates.

## 9. CONTACT TRACING

The aim of contact tracing is to inform everyone who may have caught head lice from the infected person, and to detect the source of the infestation. The source is often an adult with no symptoms.

Contact tracing is the family's responsibility. All close contacts should be informed.

## 10. ROLES AND RESPONSIBILITIES

### 10.1 Parents

Parents should consult their health visitor or school nurse for further advice if required, or for confirmation of the diagnosis. Parents are responsible for:

- Making sure that all family members know about good hair care, including regular thorough combing.
- Being vigilant for the signs of early infestation (e.g. louse casts and faeces on the pillow)
- Regular (weekly) detection combing, on wet hair with a head louse detector comb, and additional detection combing if informed that a member of the family or household has been in contact with someone with head lice (Appendices 1 & 2).
- Using lotions according to instructions – but **ONLY** if **live** lice are found. Nits are NOT live lice, they are empty egg cases and will remain after the lice are dead. They can be manually removed or will grow out with the hair.
- Contact tracing - telling all close contacts of infected members of the household/family.
- Informing the school/nursery/childminder when a child is found to have head lice.

### 10.2 Healthcare Professionals

All health professionals should be aware of the principles of head lice control (section 5) and the appearance of head lice. Samples of head lice are available from The Medical Entomology Centre (Appendix 3). Medication (sufficient for 2 applications) should only be prescribed if a health professional or parent has confirmed the presence of **LIVE** lice.

**Vulnerable families** may require additional practical support for diagnosis and treatment. When the cost of Over the Counter purchase of the appropriate insecticide causes financial hardship, it will be necessary for treatment to be given on prescription. Families may also consult with their Community Pharmacist under the Minor Ailments Scheme (MAS). It is essential that patients acquire sufficient quantities for 2 applications.

- **Health Visitors/Practice Nurses/Nurse Practitioners**

Health Visitors/Practice Nurses/Nurse Practitioners provide families with information, support and advice about head lice infestations. Emphasis should be placed on the parents' responsibility to detect and treat the infestation and to contact trace if a member of their family gets head lice.

Routine 2 and 4 year developmental reviews provide an opportunity for the health visitor to teach the technique of detection combing and to ensure that parents understand that treatment is only to be used when live lice have been found.

- **Public Health Nurses working in Schools**

Public Health Nurses working in Schools should provide parents with information, advice and support, discussing the principles of head lice control. Regular education

on head lice is more effective than issuing reactive letters every time a new case is discovered in the school community.

- **General Practitioners**

General Practitioners should stress the importance of the family informing all close contacts. If the family requires further education or support the assistance of the health visitor should be sought. Vulnerable families are likely to require prescriptions for head lice treatments and they will probably require additional support (Appendix 4).

- **Pharmacists**

Pharmacists are an important source of advice on the management of head lice and have an especially important role in limiting chemical treatment to true cases of infestation. Advice and written information on head lice detection, contact tracing and treatment should be given to the customer with every anti-lice treatment dispensed or sold.

### 10.3 Playgroups and nurseries

Transmission of lice within playgroups and nurseries is relatively rare. If it does occur, it is usually from a “best friend”. The majority of head lice infestations come from the community via a member of the household or extended family.

Playgroups/nurseries are encouraged to follow the Advice for Head Teachers/Heads of Establishments on the Management of Head Lice (Appendix 5). Educational information should be provided to parents and children on a regular basis, preferably as part of a package dealing with other issues and the topic of head lice should be incorporated into health education at all ages.

If the playgroup/nursery is informed of head lice by a parent, the staff should **NOT** routinely send out an “alert letter” to other parents. This leads to an inflated perception of prevalence, to unnecessary, inappropriate, or ineffective action, and to a great deal of unwarranted anxiety and distress. It also leads to the misuse and/or overuse of treatments. However, there may be occasions when it becomes beneficial to inform parents (Appendix 6).

If there is a persistent problem in the playgroup/nursery then health visitors should be contacted for advice and support.

If a member of staff identifies an infected child, the child’s parents should be informed and advised about treatment, contact tracing and detection combing (Appendix 7). If a member of staff suspects that a child is infected but requires confirmation, they should contact the health visitor for advice.

The child need not be excluded from playgroup/nursery before the end of the day (except in extreme circumstances), and should return after the first treatment has been applied.

### 10.4 Schools

Transmission of lice within the classroom is relatively rare. When it does occur, it is usually from a “best friend”. The majority of head lice infestations come from the

community via a member of the household or extended family. At any one time, most schools will have up to 5% of children who have active head lice infestation.

Schools are encouraged to follow the Advice for Head Teachers/Heads of Establishments on the Management of Head Lice (Appendix 5).

Educational information should be provided to parents and children on a regular basis, preferably as part of a package dealing with other issues. The topic of head lice should be incorporated into the school health education curriculum at all ages.

If the school is informed of head lice by a parent, the school should NOT routinely send out an "alert letter" to other parents. This leads to an inflated perception of prevalence, to unnecessary, inappropriate, or ineffective action, and to a great deal of unwarranted anxiety and distress. It also leads to the misuse and/or overuse of treatments. However, there may be occasions when it becomes beneficial to inform parents e.g. repeated cases within a class or more than 10% of the class affected over a 2 week period (Appendix 6).

The school nurse should be informed in confidence of all cases of head lice the form at Appendix 8 may be used for this. If there is a persistent problem in a school then a combined approach involving school nurse, health visitor, parents and school staff should be employed.

If a member of staff identifies an affected child, the child's parents should be informed and advised about treatment, contact tracing and detection combing (Appendices 1, 2 & 7). If a member of staff suspects that a child is infected but requires confirmation, the school nurse should be contacted for advice.

The child need not be excluded from school before the end of the school day (except in extreme circumstances), and should return to school after the first treatment has been applied. Only in rare cases should statutory measures need to be taken. (Section3 - Legal Issues)

## APPENDIX 1

### HOW TO CARRY OUT HEAD LICE DETECTION COMBING

You will need:

- A detection comb (from your Pharmacist)
- Lighting (daylight is best)
- Ordinary comb

- 2 Wash the hair well, dry it with a towel. The hair should be wet, but not dripping.
- 3 Comb the hair with an ordinary comb. A little hair conditioner may be used to make combing easier.
- 4 Using the detection comb, start with the teeth of the comb touching the scalp at the top of the head and draw the comb carefully through to the edge of the hair.
- 5 Look carefully at the teeth of the comb in good light for any head lice.
- 6 Head lice are little insects with moving legs. They do not have wings and they do not jump. They are often not quite as big as a match head.
- 7 Do this over and over again from the top of the head to the edge of the hair in all directions, working round the head.
- 8 Do this for several minutes – it can take up to 30 minutes to do it properly for each head depending on length and type of hair.
- 9 Clean the comb under a tap, using a nailbrush.
- 10 If you find something and are not sure what it is, stick it on a sheet of white paper with clear sticky tape and show it to the local pharmacist, school nurse, health visitor or community nurse. There can be other things in the hair, which are not head lice.

### NOTES

A detection comb is a fine toothed comb that has been specially produced for checking the hair for head lice. You can buy a detection comb from your local Pharmacist.

If you need help or advice, ask your local pharmacist, practice nurse, health visitor or school nurse.

**Don't treat unless you are sure you have found a living, moving louse.**

APPENDIX 2  
PATIENT INFORMATION LEAFLET



HEAD LICE

Parent Information Leaflet

**This information is for you**

**Only you can stop the spread**

**What are Head Lice?**

Head Lice are small insects, either grey or flesh coloured and smaller than the size of a match head when fully grown. They live on, or close to the scalp and lay eggs which stick to the hair shaft close to the head. It takes around a week for the eggs to hatch leaving empty eggshells, which are pearly white in colour and are called **nits**. Head lice feed from the tiny blood vessels on the head.

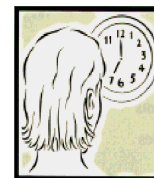
**How do they get passed on?**

Head lice need to live close to the scalp in order to stay warm and be close to their food supply. In the main the method of spread is by **direct prolonged head to head** contact and so this problem is a community responsibility and not confined to schools. Lice **do not** jump or fly.

**Can they be removed?**

Anti-lice treatments do **not** prevent infestation. Thorough daily hair brushing or combing may help to prevent an infestation becoming established, but early diagnosis and treatment is the only way to prevent the spread of head lice.

- ❖ Check pillows and collars for little black specks as they may be lice droppings
- ❖ Check your child's hair at least once a week using a fine toothed detection comb. Combing is easier if the hair is wet and has conditioner on it. Detection combs are available from your local pharmacist (chemist). Comb the hair in sections from the roots to ends, over a light coloured towel or sheet of paper. You should be able to hook out live lice and they will be more noticeable this way.
- ❖ Unhatched eggs are small, dull and very hard to identify. Nits (**empty** eggshells) are white and found a little further away from the scalp. The presence of nits does not always mean that live lice are still present.
- ❖ Remember, itching does not necessarily mean that head lice are present.



## How are they treated?

- ❖ If you do find live lice – check the whole household and close family contacts using the detector comb so that those with lice are all treated at the same time.  
***Those who do not have live lice should NOT be treated.***
- ❖ There are a number of treatments on the market and they include Derbac M, Full Marks, Prioderm, Hedrin.
- ❖ Use the lotion (not shampoo) recommended by your pharmacist or other healthcare professional. Be sure to follow the application instructions carefully, and to repeat the treatment after 7 days, in order to kill any lice that hatch after the first application.  
**Remember to repeat after 7 days, as 2 applications are necessary.**
- ❖ If you are sure you have found living lice after proper treatment, don't keep putting more lotion on, ask advice from the pharmacist or health visitor.
- ❖ Remember that when you have got rid of all the lice, the nits (empty egg cases stuck on the hairs) will still be there. This doesn't mean you still have lice. **Do not treat again if you can't find a living louse.**
- ❖ If the infected person has been swimming within the last 72 hours, ensure hair has been thoroughly washed and dried before the lotion is applied. Lotions are less effective in the presence of chlorine.
- ❖ Some lotions are not suitable for asthmatics or people with certain skin conditions. Please check with your local pharmacist (chemist).

### Think about who you have contact with

Parents

Partners

Brothers & Sisters

Household members

Grandparents

Close Family

Friends


Tell them and get them to check their heads with a detection comb as well

### Who can help?

In the community:

Health Centres/Clinics

General Practitioners & Practice Nurses

Health Visitors

School Nurse

Pharmacist

Schools

Healthpoint Shops

In the Hospitals: Infestation Control Nurses

## APPENDIX 3

### INFORMATION FOR HEALTHCARE PROFESSIONALS WORKING IN SCHOOLS

All Healthcare professionals who advise on head lice management, including those working in schools are encouraged to obtain samples of bottled head lice, louse casts and faeces as valuable visual aids. They are obtainable from:

**The Medical Entomology Centre,  
Cambridge House,  
Barrington Road,  
Shepreth,  
Royston,  
Hertfordshire SG8 6QZ.  
Tel: 01763 263011.**

1. Education on head lice prevention, detection and treatment should be included at every opportunity.
2. Healthcare professionals should encourage each family to buy a head louse detector comb, and should demonstrate its use.
3. Schools should liaise with their appropriate healthcare professional if there is a recurrent infestation problem, either in the individual child or throughout the school. An education programme for children and parents should be considered, using a team approach between healthcare and school staff
4. In the event of recurrent infestation in a particular child the school healthcare professional will ensure the diagnosis is correct and arrange a home visit to discuss head lice control, detection and prevention. Where a home visit is undertaken it is good practice to discuss the outcome of the visit with the head teacher or depute.
5. The school healthcare professional does not require to check that the treatment has been completed before the child returns to school
6. In extreme cases, where it is considered that persistent infestation is due to non-compliance by the parents, the school healthcare professional must consult further with the head teacher. Only the head teacher has the right to exclude the child from school but first must obtain a clinical confirmation of head lice from a health professional.



## APPENDIX 4

### GUIDELINES FOR PROBLEM CASES

#### **Repeated head lice infestation may be symptomatic of other family stress or neglect**

1. If a healthcare professional receives 2 head lice notification letters about the same child within a 4 – 6 week period the following steps should be taken:
  - a) Contact parent and discuss any concerns
  - b) Discuss the importance of correct application for the recommended treatment lotion
  - c) Discuss importance of contact tracing
  
2. If a nurse receives 3 head lice notifications about the same child, if valid consent forms exist, and **at the sole discretion of the nurse**:
  - ◆ Check the heads of children in the relevant table/group in class (where consent has been obtained from parents). If head lice are found again, the nurse will contact the parent/guardian to discuss.
  
3. If a parent is unable to or refuses to discuss the matter with the nurse or continues to refuse to treat a child the nurse will liaise with the Head Teacher with a view to organising a meeting with the parents and address the issue.
  
4. If this approach fails and the School Health Team, Health Visitor and School Staff identify evidence of neglect, a referral to the Social Work Department and/or the Reporter **is** appropriate.

## APPENDIX 5

### ADVICE FOR HEAD TEACHERS/HEADS OF ESTABLISHMENTS ON THE MANAGEMENT OF HEAD LICE

It is important to stress the benefit of a multi-agency approach where school staff and the school health team work together to deal with head lice.

The education of parents and carers on how to prevent and deal with head lice should be an integral part of the school's programme of information to parents. Opportunities for informing/educating parents about head lice could be taken at the induction of children into Nursery or Primary 1 or at PTA or curriculum events.

School nurses and health visitors are able to help with the provision of teaching aids and should be contacted when any programme for parents is being planned.

Information on how the school deals with head lice should be included in any prospectus or induction pack for parents.

The topic of Head Lice should be a part of the schools' 5 – 14 Health Education programme.

- When head lice are detected in a child by school staff, the advice letter produced by NHS Grampian (Appendix 2) should be sent to the parent or guardian of the child. Either NHS Grampian's Head Lice Information Leaflet or NHS Health Scotland's Head Lice – Information for Parents and a Detection Combing sheet should accompany this letter. If a member of staff suspects that a child is affected, but requires confirmation, it may be necessary to contact an appropriate healthcare professional for advice (Section 10.2)
- When a parent notifies the school that a child has head lice they should be provided with the NHS Grampian Head Lice Information Leaflet (Appendix 7) or NHS Health Scotland's "Head Lice – Information for Parents" and Detection Combing Advice.
- Parents of other children in the class need only be notified when an increase in cases (approximately 10% in a class) has been identified (Appendix 5).
- Children need not be excluded from school, before the end of the day except in extreme circumstances and should return after the first treatment has been applied.
- Schools should notify their appropriate healthcare professional when cases of headlice are identified.
- Where treatment appears to fail or where children are returning to school with repeated re-infestation then a combined approach involving parents, appropriate healthcare professionals and school staff should be employed. (Appendix 4)
- Where this joint multi-agency approach fails and the team feels that there is evidence of neglect, a referral to the Social Work Department and/or the Reporter may be appropriate.

**APPENDIX 6**  
**NOTIFICATION TO PARENTS (1)**  
**(Increase in numbers of cases of head lice)**

Dear Parent,

Members of your child's class have been found to have head lice. Although head lice are seldom spread in school you should take the following precautions:

1. Check your child's hair **tonight**, following the instructions on the enclosed Detection Combing Sheet.
2. The hair should be checked when wet, using conditioner and a louse detection comb available from any Pharmacy. The hair should only be treated if you find any **living, moving lice**.
3. If headlice are found, your child's hair must be treated before returning to school using either an approved lotions or the Bug Busting method. Advice is available from your GP, Health Visitor, School Nurse or Pharmacist.
4. Treatments for your child including the "Bug Buster Kit" are available directly from your pharmacy free of charge via the Minor Ailment Scheme. You no longer need a prescription for these items via the Minor Ailment Scheme. Your local pharmacist will give you any additional advice and information you may require.
5. Your child can return to school once he/she has had the first application of lotion or completed the first Bug Busting session. **Treatment must be repeated after 7 days** in order to kill any lice that have hatched since the 1<sup>st</sup> application (even if the manufacturers instructions say only 1 application is required). Please remember to inform the school if your child has head lice. Children may be excluded from school if the proper treatment is not carried out.
6. If live lice are found, check the heads of all immediate family and household members and treat if necessary. All other close contacts like grandparents, aunts, uncles, cousins, friends, neighbours should also be advised to check their heads and if head lice are found, treat as appropriate. Remember that nits are empty eggshells - **NOT** lice. **If you do not find live lice – do not treat.**
7. Head Lice treatments do NOT prevent infestation. Be sure your family is infestation free - check heads by detection combing weekly.

**If we work together, we can aim to limit any further head lice infestations. However, it is your responsibility to check that your child is free of head lice.**

For further information or advice, please contact your school nurse or other healthcare professional.

Many thanks for your co-operation

Yours sincerely

Head Teacher.

## APPENDIX 7

### NOTIFICATION TO PARENTS (2) (Head lice detected by school staff)

Dear Parent,

It was noticed in school today that your child has head lice and therefore we are writing to you to ask that you treat your child tonight. Information leaflets about head lice and how to detect them are enclosed with this letter.

To ensure that the treatment is effective the following points have been highlighted for your information:

- The hair should be checked when wet, using conditioner and a louse detection comb
- Your child can return to school once he/she has had the first application of lotion applied or the 1<sup>st</sup> session of the Bug Busting method has undertaken
- Lice are spread by close head to head contact. Please make sure that the heads of all immediate family and other close contacts are checked and treated if live lice are found
- It is especially important to let your child's close friends (or their parents) know that your child has head lice. Other parents appreciate this information as it helps prevent repeated infestations
- Treatments for your child including the "Bug Buster Kit", are available directly from your Pharmacy free of charge using the Minor Ailment Scheme or can be purchased "Over the Counter" at your local pharmacy
- If lotion is used it **MUST** be repeated after 7 days in order to kill any lice that have hatched since the first application, even if the product instructions state that only one application is necessary
- Empty egg shells (nits) should not be confused with lice. Treat only if you find **living moving lice**

To date there is no treatment proven to prevent head lice infestation but you can prevent head lice infestations becoming established if you routinely check your child's hair weekly with a detection comb.

For further information or advice, please contact your school nurse or other healthcare professional.

Many thanks for your co-operation

Yours sincerely,

Head Teacher.

## APPENDIX 8

### School Nurse Notification

*To be completed by the school staff to inform the school nurse.*

**Date:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Room/Class:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Notified by:** Parent      Nurse      Teacher      Other (specify)

(Circle as appropriate)

**Comments:**