

Lancashire County Council Occupational Health and Safety Management System Corporate H&S Guidance

Guidance for schools on the prevention, detection and treatment of head lice

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What are head lice?

A head louse is a tiny six-legged insect. It is approximately the size of a pin head but can become the size of a match head. It is greyish brown in colour but both the louse and the eggs it lays can change colour to match hair colour.

Each leg ends with a claw which grasps the hair which is how it moves around the hair close to the scalp. A louse does not walk on the scalp and has difficulty walking on flat surfaces. The louse feeds only on human blood, approximately five times per day. The louse eggs have an incubation period of seven to eight days, within 7-14 days of hatching the louse becomes an adult, begins to mate, and the females start to lay eggs. Live eggs are skin coloured, whereas the cases of dead eggs (nits) are white and remain glued to the hair.

Sometimes the appearance of a rash at the back of a neck is the first indication of infection.

Head lice cannot fly, jump or swim. They are spread by head-to-head contact and climb from the hair of an infected person to the hair of someone else.

Children are often affected by head lice because they tend to have more head-to-head contact while at school or during play. Head lice are most common in children between 4 to 11 years old although anyone with hair can catch them.

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.

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Schools Responsibilities

Head lice infections are not primarily a problem of schools but of the wider community. They cannot be solved by the school, but the school can help the local community to deal with them.

At any one time most schools will have a few children who have active infection of head lice (0%-5% of the numbers on roll). The perception by parents/carers and staff, however, is often that there is a serious “outbreak” with many of the children infected. This is hardly ever the case.

“Blitzing” a school after several cases of head lice have occurred is not effective as a method of prevention and control. Success is more likely to be achieved by a consistent and thorough approach.

It would be helpful for schools to:

- Prepare a written policy on the management of head lice infections within their School;
- Make sure that the School Nurse is informed in confidence of cases of head lice infection. The nurse will assess each individual case and may decide to make contact with the parents/carers to offer information, advice and support;
- Keep individual reports confidential and encourage staff to do likewise;
- Collaborate with the School Nurse in providing educational information to parents/carers and children about head lice, but not to wait until there is a perceived “outbreak”. Send out information on a regular basis, preferably as part of a package with other issues;
- Consider asking the School Nurse to arrange a talk to parents/carers at the school if there are concerns over this issue. Be present yourself and encourage staff to attend;
- Ensure with the School Nurse that parents/carers are given regular, reliable information. This should include:
 - Instructions on proper diagnosis by detection combing;
 - The avoidance of unnecessary or inappropriate treatments when no infection is present;
 - The thorough and adequate treatment of confirmed infections;
 - Inform concerned parents to seek the advice of the school Nurse, the GP or the local chemist.
- Have a consistent approach to head lice infection, as suggested below:

When a child at school has a head lice infection, the child should be allowed to stay in school for the remainder of that day but the parent should be notified and requested to start treatment the same evening if possible. There are 2 methods of treatment, medicated lotion or spray and wet-combing. Details can be found at [Head Lice treatment](#).

Instances of persistent head lice infection should be referred to the school nurse for further advice and investigation.

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Parents' / carers' Responsibilities

Parents or carers are responsible for preventing, detecting and treating head lice infections in their families by arranging:

- To comb children's hair routinely to prevent the survival of lice.
- To check hair regularly i.e. undertake detection combing once weekly for signs of infection and also to check amongst close contacts when informed of an infection.
- To undertake "contact tracing" among all members of the family who have had head to head contact with an infected person. Contact tracing means informing people about the head lice infection so they can do detection combing and treat if necessary.
- To promptly treat any members of the family who have a head lice infection.
- To inform the school promptly if a school child is infected.
- To use proprietary lotions only as a treatment when an infection is present and not as a preventative measure.
- To seek help and advice from the school nursing team as necessary.

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School Nurses' responsibilities

The school nurse has a significant educational role for children at school and their families, emphasising that head lice control is the responsibility of the family and:

- Providing information for parents on current head lice policy during the child's pre-school visits or induction period to nursery or reception class;
- Providing information for teachers, pupils and parents on the prevention, detection and treatment of head lice infections;
- Providing further information and support for teachers, pupils and parents when resistant cases or recurrent outbreaks are occurring in the community and causing concern within schools;
- Providing support and advice for individual families as appropriate.

School nurses no longer undertake routine head inspections because research has shown that these did little to reduce the head lice problem. There are a variety of reasons for this. Head lice move rapidly when disturbed and can go unnoticed during routine inspections, and routine inspections often provide parents and schools with a false sense of security. Furthermore, only a proportion of cases occur in school age children so it makes more sense for head lice infections to be tackled as a community rather than a school problem.

NHS information

Further information is available on-line at [Head Lice – NHS Choices](#) and in the Department of Health leaflet [Prevention & Treatment of Head Lice](#)

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Local Public Health contacts

Public health teams can be contacted for health advice in North, Central and East Lancashire.

North Lancashire contact: www.northlancshealth.nhs.uk

NHS North Lancashire
Trust Headquarters
Moor Lane Mill
Moor Lane
Lancaster
LA1 1QD Tel: 01524 519333

Central Lancashire contact: www.centrallancashire.nhs.uk

Customer Care Team
NHS Central Lancashire
Jubilee House
Lancashire Business Park
Centurion Way
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PR26 6TR Freephone: 0800 032 24 24
Tel: 01772 777 952
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Email: customer-care@centrallancashire.nhs.uk

East Lancashire contact: www.eastlancspct.nhs.uk

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