



HEAD LICE GUIDANCE

*For all
educational
establishments*

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HEAD LICE GUIDANCE FOR ALL EDUCATIONAL ESTABLISHMENTS

1. INTRODUCTION

- 1.1 In 1995 joint guidance between Health and Education on the management of head lice was issued to all educational establishments.
- 1.2 This guidance has now been updated and incorporates the latest advice/development in this area.
- 1.3 The LEA has worked closely with Health colleagues from the Birmingham NHS Community Trusts (pre-merger, 1.4.2000) and with Dr Bakhshi, Consultant in Communicable Disease Control, Birmingham Health Authority, who has provided valuable information and a framework for guidance, which aims to be both informative and effective in managing head lice in all settings.

2. INFORMATION

- 2.1 Head lice are not primarily a problem of schools/nurseries but of the wider community. At any time around 10% of the population is infected by head lice.
- 2.2 Research has shown that:
- ◆ Head lice infections arise where heads touch each other.
 - ◆ Head lice only crawl and cannot jump, hop or fly from head to head.
 - ◆ Head lice infection may spread if individual parents/carers fail to treat their children.
 - ◆ Head inspections, which used to be carried out by school nurses, do not result in fewer outbreaks.
 - ◆ Infections may exist for up to 3 months before head lice become apparent.
- 2.3 The effective prevention, detection and treatment of head lice depends on good personal grooming.
- 2.4 Health education about head lice encourages parents/carers and children to:
- ◆ Prevent head lice by regular shampooing, conditioning and daily combing of the hair.
 - ◆ Detect head lice using a fine tooth plastic or detector comb on a weekly basis.
 - ◆ Treat head lice as soon as an infection becomes apparent.
- 2.5 Parents, schools, the Education Service, the Health Authority, health visitors, school nurses, General Practitioners and pharmacists, practice nurses and district nurses all have a role to play in preventing and controlling head lice. This guidance refers briefly to these roles and sets out advice on management of this condition.

3. ROLES

3.1 Schools/Nurseries

- 3.1.1 It is now recommended that alert letters to parents/carers should not be used as they are seen to cause unnecessary public alarm and can convert the usual background level of infection in a school into a pseudo outbreak in which parents perceive that the school is riddled with head lice. Information on the prevention, detection and treatment of head lice may be included in a school prospectus or in any information schools send out to parents/carers when a child begins nursery, primary or secondary school. It is further recommended that such information be regularly included in a school newsletter, alongside other unrelated items, to remind parents/carers of their responsibilities for their children. Parents/carers should still be asked to inform a school/nursery that they have detected head lice and have undertaken treatment, so that staff may be made aware that appropriate action is being taken.
- 3.1.2 The Health Visitor or School Nurse may also be able to promote a similar message on head lice as part of an induction programme for parents/carers of new pupils. It should be noted that school nurses no longer carry out routine head inspections, as these are considered ineffective and no evidence exists which suggests that head inspections prevent the spread of head lice.
- 3.1.3 The Health Education Unit of Birmingham Education Service can also provide advice and support to schools/nurseries in developing child/parent education programmes on such health-related issues as head lice management.
- 3.1.4 Schools are strongly encouraged to incorporate the prevention, detection and treatment of head lice into their health education programme for all ages of pupils.
- 3.1.5 Schools may wish to consult with their school nurses, to consider the feasibility of having a named parent who is available and willing to give other parents/carers information on the prevention, detection and treatment of head lice based on existing material. The role would be voluntary and purely an information-giving one, not 'hands-on', with the aim of giving other parents additional resource to call upon, when necessary. This is merely a suggestion which schools choose whether or not to consider, based on the view that parent to parent contact may result in greater receptivity and understanding of how to 'manage' head lice.
- 3.1.6 All the above recommendations are made to ensure that a consistent approach is taken on a city-wide basis by all schools/nurseries in ensuring head lice is seen not as a problem exclusive to educational settings, but as a community problem, for which parents/carers must take responsibility. The preventative action promoted by a school/nursery will demonstrate to parents that positive steps are being taken and that the matter is being treated seriously.

4. A SCHOOL/NURSERY RESPONSE TO HEAD LICE INFECTIONS

- 4.1 Head lice may be apparent during a school medical examination or, without inspecting a child's head it may be obvious to the human eye that moving head lice are present. (Nits are not the same as lice. They are the empty egg cases which stick to the hair).
- 4.2 In such cases, it is advised not to single out a child, but allow him/her to remain in school, with support being offered to the parent at the end of the school day by way of a head lice information leaflet containing advice on detection, treatment and prevention (see attached leaflet) or, in those cases where resistant and/or recurrent infections may be in evidence, the Head Teacher should request the help of the School Nurse in giving additional support/advice to parents, sometimes on an individual basis. General Practitioners and Pharmacists are another source of support for parents.
- 4.3 Pupils should not stay away or be prevented from returning to school as head lice infection is not a public health threat and can be treated by parents/carers in line with recommended methods outlined in the attached information leaflet. Constant reinforcement through the ways outlined in this guidance should ensure that parents/carers are reminded of their responsibilities in this area, both in treatment and prevention.
- 4.4 Prevention at all times should be stressed by school staff, which involves:
- ◆ Children and adults combing their hair at least twice a day with regular shampooing and conditioning. This will prevent any infection becoming established.
 - ◆ Parents/carers checking their children's hair weekly using a fine tooth plastic or detector comb.
 - ◆ Treating head lice infections quickly and effectively.
- 4.5 Schools may consider holding a small stock of fine tooth plastic or detector combs and instruction leaflets to issue to parents and carers, where this is considered appropriate.

5. ROLE OF PARENTS / CARERS

5.1 Parents/carers are responsible for keeping their family's hair clear of lice by:

- ◆ regular shampooing and conditioning and combing hair at least twice a day;
- ◆ regular combing with a fine tooth plastic or detector comb on a weekly basis to detect head lice;
- ◆ if head lice are suspected using the 'wet combing' method to detect moving lice (see attached information leaflet);
- ◆ alerting friends, family and the school if head lice are detected, and letting them know that treatment is being undertaken.

6. THE ROLE OF OTHER AGENCIES

6.1 Health Visitors, School Nurse/Nursing Assistant, Practice Nurse, District Nurses

This may include:

- ◆ health education of pupils, school staff or parents, about the prevention, detection and treatment of head lice;
- ◆ reinforcing the message that routine head inspections are no longer undertaken because of their ineffectiveness in preventing outbreaks;
- ◆ discussing the school's Head Lice Policy with parents/carers at the time of the school entry medical and at any other appropriate times;
- ◆ offering advice and support to schools, parents and individual families, in cases where outbreaks are particularly resistant.

6.2 If there are concerns about head lice, parents should ask the Health Visitor for advice at routine surveillance contacts, where the information leaflet (attached) will be referred to and copies will be available for parents. Health Visitors, will encourage families to buy and use a fine tooth plastic or detector comb as part of the health education process.

6.3 General Practitioners

GPs will encourage parents/carers to follow the current advice on the prevention, detection and treatment of head lice.

6.4 Pharmacists

Pharmacists will advise parents/carers on appropriate procedures for prevention, detection and proper treatment of head lice.

7. OTHER INFORMATION AND SUPPORT

- 7.1 Advice on the implementation of the policy and the development of parent education programme on health issues can be obtained from the Health Education Unit, Martineau Education Centre, Birmingham B32 2EH, telephone number: 0121 303 8200.
- 7.2 The loan of teaching materials and resources can be obtained from the Health Education Unit, Resource and Training Centre, 28 Oliver Street, Nechells, Birmingham B7 4NX, telephone number: 0121 359 8007.
- 7.3 The Department of Health leaflet 'The Prevention and Treatment of Head Lice' (February 2000) can be obtained from the Department of Health, PO Box 7, London, SE1 6XH.
Fax number: 01623 724524.
Email: doh@prologistics.co.uk
Copies can also be obtained from the Health Education Unit, Resource and Training Centre (see 7.2).
- 7.4 Information teaching packs are available from Community Hygiene Concern, 160 Inderwick Road, London N8 NJT, telephone number: 0181 341 7167.

INFORMATION LEAFLET FOR PARENT/CARERS

FACTS ABOUT HEAD LICE

- Head lice are small insects which are usually found close to the scalp where there is warmth, food and shelter from detection.
- They cannot fly, jump or hop and are spread where heads touch each other.
- Head lice are very common and affect most children some time in their life.
- Most head lice infections are not caught in school.

HOW CAN I PREVENT/DETECT/TREAT HEAD LICE?

1. PREVENTION

Children should have their own comb and be taught how to use it. Combing hair at least twice a day and regular shampooing and conditioning will help to prevent any head lice infection becoming established.

2. DETECTION

- ◆ Shampoo hair and apply plenty of conditioner to make the hair wet and slippery.
- ◆ Comb the hair from the scalp outwards, section by section, with a fine plastic tooth comb (a detector comb, available from chemists) for at least 10 minutes over a sink, bath tub or disposable towel. If lice are present they will fall out or stick to the comb. Please note that medical advice suggests that if there are no moving head lice, the child is not considered to have head lice.
- ◆ The comb should be washed with water or wiped clean with a paper napkin between each stroke.
- ◆ Repeat this method as often as required, e.g. at routine hair washing sessions.

3. TREATMENT

Wet-combing method

It is recommended that this is a safe and effective way of treating head lice and should be used first before considering the use of insecticide lotions.

- ◆ This method of treatment should be carried out every 3–4 days over a 2 week period (a total of 4 sessions over 2 weeks).
- ◆ The principles of this method (sometimes called the ‘bug-busting’ method) are: WASH, RINSE, CONDITION AND COMB.
- ◆ This method is as follows:
 1. Wash the hair with ordinary shampoo.
 2. Put ordinary conditioner on the hair.
 3. Then either sitting upright or bowed over a sink, whichever is most comfortable, comb the hair with a wide-toothed comb to straighten and untangle the hair.
 4. Untangle the hair using a close toothed plastic comb or lice detector comb purchased from the local pharmacies.
 5. Slot teeth into a section of hair, right at the roots, touching the scalp gently.
 6. Check the comb for lice between each stroke. Remove lice by wiping the comb on kitchen paper. The lice caught between the teeth should be removed with a cocktail stick or nailbrush.
 7. Work all over the head, section by section, combing and cleaning until the comb comes through louse free.
 8. Rinse the hair, leave the hair dripping wet. Use a wide toothed comb to straighten and untangle the hair again.
 9. Keeping the hair wet, use the lice detector comb to comb the rinsed hair. Work all over the head until the comb comes through louse free. Once it is known that one member of the family has lice, the whole family should use this method to see if they have head lice.

Treatment with Insecticide Lotions/Rinses

- ◆ Insecticides are used when the wet combing method is not thought to be effective.
- ◆ Insecticides should only be used if live lice have been found in the hair – it should not be used to prevent head lice, only to treat the condition.
- ◆ The table below lists the advantages and disadvantages of using insecticides lotions.

ADVANTAGES	DISADVANTAGES
<p>A quick and easy method of treatment.</p> <p>Evidence available indicates that this method of treatment is successful.</p>	<p>Alcoholic preparations may induce an allergic reaction.</p> <p>A more expensive method than wet combing.</p> <p>Inappropriate repetitive use can lead to resistance to further head lice infections.</p> <p>A dislike of using a pesticide to treat head lice.</p> <p>Insecticides need to be used with caution:</p> <ul style="list-style-type: none"> • in pregnant women an nursing mothers; • in infants under 6 months old; • on a repetitive basis. <p>Can cause skin irritation if used repeatedly.</p> <p>Can affect coloured, permed or bleached hair.</p>

- ◆ Insecticides are available from a pharmacy, without a prescription. It is important that instructions on use are followed carefully. After treatment, the wet-combing method should be used to check for head lice and to remove dead eggs.
- ◆ A second application is recommended seven days after the first one, but if the lice appear to be unaffected by the product (some lice may have developed resistance to a particular insecticide) or if the problem persists, you should seek advice from your GP, who can advise you on further treatments which may be only available on prescription.
- ◆ It should be noted that chlorine may lessen the effect of some insecticides – and it is recommended that if the child 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.

NB PLEASE NOTE THAT HEAD LICE SHAMPOOS ARE CONSIDERED TO BE INEFFECTIVE IN THE TREATMENT OF HEAD LICE.

Alternative Therapies

The following advice has been provided by Birmingham Health Authority's Consultant in Communicable Disease Control:

- ◆ Over recent years there has been an increase in interest in using naturally occurring substances to treat head lice, e.g. tea tree oil, other essential oils, herbal remedies, petrol and paraffin.
- ◆ There is no evidence to suggest the efficacy of these treatments and no standards exist to regulate their use.
- ◆ Over-use of essential oils in unskilled hands can be hazardous, and some substances, e.g. paraffin and petrol are potentially dangerous.
- ◆ Head coverings, e.g. baseball caps and scarves do not prevent the transmission of lice.
- ◆ A spray intended for use as head lice prevention is available from chemists. The technique rather difficult and does not have a long lasting effect. This product can prove to be very costly and is not available on prescription.
- ◆ An electric detector comb is also very expensive and no evidence is available as to how effective it is as a treatment.

PLEASE REMEMBER TO LET YOUR CHILD'S SCHOOL OR NURSERY KNOW THAT YOU HAVE FOUND HEAD LICE AND HAVE UNDERTAKEN THE APPROPRIATE TREATMENT.

REMEMBER REGULAR SHAMPOOING, AND CONDITIONING AND DAILY COMBING OF HAIR WILL REDUCE THE CHANCES OF HEAD LICE BEING FOUND IN CHILD'S HEAD.

CHECKLIST FOR SCHOOLS

REMEMBER

- IF HEAD LICE ARE APPARENT IN A CHILD'S HEAD ALLOW CHILD TO REMAIN IN SCHOOL UNTIL END OF DAY.
(Ref: GUIDANCE 4.2)
- OFFER PARENT SUPPORT AT END OF SCHOOL DAY BY WAY OF INFORMATION LEAFLET AND COMB (IF SCHOOL KEEPS SUPPLIES).
(Ref: GUIDANCE 4.2 & 4.5)
- REQUEST SCHOOL NURSE SUPPORT FOR SPECIFIC CASES WHERE INFECTION IS RECURRENT OR RESISTANT.
(Ref: GUIDANCE 4.2)
- ALLOW CHILD TO RETURN TO SCHOOL THE FOLLOWING DAY, ASCERTAINING THAT TREATMENT HAS BEEN / IS BEING UNDERTAKEN.
(Ref: GUIDANCE 4.3)
- TO INCLUDE INFORMATION ON HEAD LICE MANAGEMENT FOR PARENTS / CARERS IN SCHOOL NEWSLETTER, ETC.
(Ref: GUIDANCE 3.1.1)
- TO INCORPORATE INFORMATION ON HEAD LICE IN HEALTH EDUCATION PROGRAMMES.
(Ref: GUIDANCE 3.1.4)
- TO ENCOURAGE CHILDREN TO COMB THEIR HAIR AT LEAST TWICE A DAY.
(Ref: GUIDANCE VARIOUS)



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