

Hanover Street School

(Nursery & Primary)



Management of Head Lice Prevention & Infection Policy

<u>Relevant Performance Indicators</u>		
<i>HGIOELC (2016) & HGIOS4 (2015) Quality Indicators</i>	2.1	Safeguarding and Child Protection
<i>Health & Social Care Standards (2017)</i>	1.2	My human rights are protected and promoted and I experience no discrimination.
	1.28	I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.
	3.14	I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

Policy Written By	In Consultation With	Date(s) of Review & changes made	Date of Next Review	Signature(s)
Gillian Forbes, Depute Head Teacher	National Guidance & Partner Health Visitor	January 2019: Updated NHS leaflet & web links January 2020: addition of excerpt from Infection Prevention guidelines (2015), updated web links	January 2021 (or sooner if legislation/ guidance dictates)	

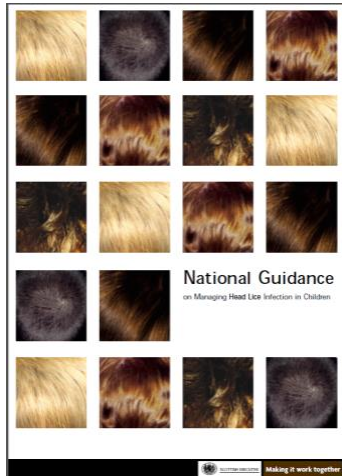


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1. Relevant Policy and Guidance

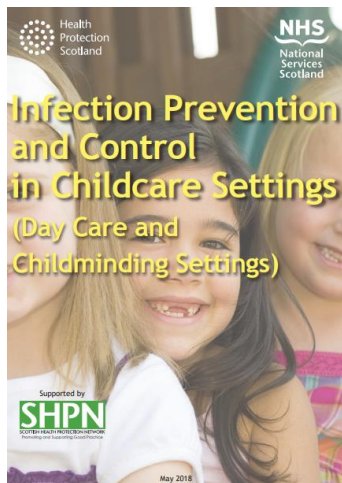
These are the main policies and guidance with regards to managing the infection, prevention and control of head lice.



“Head lice are a common problem, which can affect the whole community, adults and children alike. However, head lice infection is most common amongst children and [it is important] to offer advice to health, education and social work professionals on managing head lice infection in schools and other child care settings... Although this guidance is aimed specifically at the management of head lice infection in children, the same principles would apply for the management of head lice infection in adults.”

(page 2, National Guidance on Managing Head Lice Infection in Children, Scottish Executive, 2005)

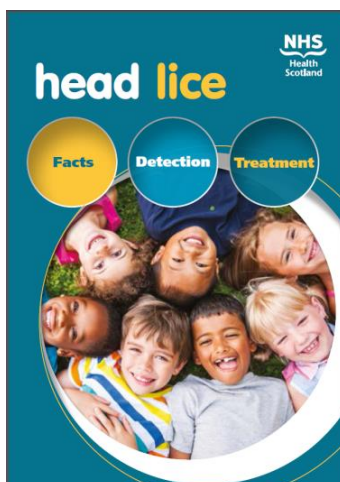
<https://beta.gov.scot/publications/national-guidance-managing-head-lice-infection-children/>



“Staff working with children in childcare settings have a ‘duty of care’ to provide a safe environment for children.”

(page 1, Infection Prevention and Control in Childcare Settings: May 2018, Health Protection Scotland)

<https://www.hps.scot.nhs.uk/web-resources-container/infection-prevention-and-control-in-childcare-settings-day-care-and-childminding-settings/>



“You may find that your school or nursery no longer sends out letters to alert parents that a child in the school has head lice. There are a few reasons for this. Most schools and nurseries are likely to have a few children with head lice at any one time. On that basis, ‘alert’ letters could potentially be required every day. ‘Alert’ letters also frequently lead parents to attempt to treat their children preventatively, which is not effective or advised. Head lice infection cannot be prevented, and overuse of insecticide treatments may lead to resistance.

Schools and nurseries should, though, provide helpful information for parents about the detection and treatment of head lice infection regularly, for example at the start of a new term.”

Head Lice, Facts, Detection, Treatment
NHS Health Scotland 2018

<http://www.healthscotland.com/documents/25.aspx>



2. Aims

Hanover Street is a school with a strong, positive ethos where our vision is for every child and parent to be and feel happy & healthy, nurtured, respected and above all, safe.

We aim to:

- Work as a team, led by the nursery manager (Depute Head Teacher) to ensure the above policy and legislation is followed, and revised as and when necessary;
- risk assess and have procedures in place to reduce infection risk;
- act promptly and professionally in the event of any infection;
- be open and transparent with parents/carers, keeping them informed of any infections so that the health and welfare of the children and staff is always put first.

3. Main Points from National Guidance

The national guidance is detailed and comprehensive. It can be accessed on link detailed above, or here: <https://www2.gov.scot/Publications/2003/03/16774/20147>

The main “need to know” points are:

General

- Head louse infection is not primarily a problem of schools 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.
- A head lice infection cannot be diagnosed unless a living louse has been found on the head.
- 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.
- 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.



Specifically, at Hanover Street School, we will:

- ensure a written protocol on the management of head lice infection, based on the national guidance, is in place.
- ensure that the school nurse is informed, in confidence, of cases of head louse infection. The school nurse will assess the individual report and may decide to make confidential contact with the parents to offer information, advice and support.
- keep individual reports confidential and encourage your staff to do likewise.
- collaborate with the school nurse in providing educational information to parents and children about head lice but will not wait until there is a perceived “outbreak”.
- send out information on a regular basis reminding parents of their responsibility to check their children’s hair at least once a week using the wet combing method.
- consider asking the school nurse to arrange a talk to parents at the school if they are very concerned. If possible, some staff may attend.
- ensure, with the school nurse, that parents are given regular and reliable information, including instructions on proper diagnosis by detection/wet combing, the avoidance of unnecessary or inappropriate treatments, and the thorough and adequate treatment of definitely confirmed infections and their contacts using either an insecticidal lotion or the ‘bug busting’ technique as described in the national guidance.
- advise concerned parents to seek the professional advice of the school nurse, the family practice, or a pharmacist.
- ensure that all new parents are given contact details and information about the role of the school nurse.
- not send out “alert letters” to other parents.
- not exclude children who have, or are thought to have, head lice, from school.

Excerpt from: page 20/21, Infection Prevention and Control in Childcare Settings: May 2018, Health Protection Scotland

Infection or symptoms	Recommended Exclusion	Comments
4. Other infections		
Conjunctivitis.	None .	If an outbreak/cluster occurs, consult your local HPT.
Diphtheria.	Exclusion is essential. Always consult your local HPT.	Family contacts must be excluded until cleared to return by your local HPT. Preventable by vaccination.
Glandular fever.	None.	
Head lice.	None.	Treatment is recommended only in cases where live lice have been seen.





Other information is available from:

<https://www.nhsinform.scot/illnesses-and-conditions/skin-hair-and-nails/head-lice-and-nits>

<https://www.parentingacrossscotland.org/info-for-families/resources/head-lice-information-for-parents-nhs-health-scotland/>

