



Westbourne
House School

CHICHESTER

HEAD LICE POLICY & PROTOCOL

This is a medical protocol of Westbourne House School, which incorporates the Prep School, Pre-Prep, Early Years Foundation Stage, as well as provision for boarding, and should be read in conjunction with the school's First Aid Policy

This document describes the school's approach to headlice. The Policy and Protocol is intended as guidance for all staff and for awareness of parents and pupils and has been created using Public Health England (PHE) guidelines.

Statement of Intent

- Westbourne House School aims to minimise the prevalence and transmission of Head Lice.
- We recognise that it is a whole community problem, not just a school problem, and anyone can catch them.
- The PHE state that routine head inspections done at school are not beneficial as a screening measure and should not be done.
- Parents are responsible for checking their children's heads for the presence of head lice which, if found, should be treated immediately with a Parasitocidal lotion/shampoo before returning to school.

What are Head Lice?

- Head Lice are parasitic insects.
- They are not a serious health problem and only live on human heads.
- There are 4 forms:
 - **Eggs** are oval and yellow/white. They are difficult to see and may be confused with dandruff. They attach themselves to the hair shaft and take about 1 week to hatch.
 - **Nits** are empty head lice egg cases.
 - **Nymphs** hatch from the nits. These immature lice take about 1 week to mature.
 - **Adults** are about the size of a sesame seed. They have 6 legs and are tan to greyish white. These mature lice can live up to 30 days and feed on blood to survive.

Prevalence/Transmission

- Lice will live on hair that is dirty or clean, short or long, adult or child.
- Short hair may make it easier for them to get from one head to another.
- High standards of personal hygiene do not necessarily prevent head lice infection.
- The method of transmission (person to person spread) is walking from head-to-head. Lice cannot hop, jump, fly, swim or be drowned. Should a louse be found on a hat, collar, pillow, chair back etc it will either be a dead louse or a damaged louse that is too weak

to hang on to the hair. The lifespan of a louse is very short once detached from the hair; therefore, it is rare for infection to be caught in this way.

- Head lice infection is not highly contagious, taking time to spread through a population. It is much less infectious than some other common infections in children, such as chickenpox and impetigo.

Symptoms

- Most head louse infections are asymptomatic, but about one third of cases experience itching especially in the nape of the neck and behind the ears. The itching is due to sensitisation.
- For a first infection, it can take up to 8 weeks for itching to start; with subsequent infections itching will occur sooner.
- Sometimes the appearance of a rash at the back of the neck is the first indication of infection
- Lice do not keep still and move very rapidly when disturbed e.g. when undertaking detection combing.

Diagnosis and method used to detect head lice

Wet detection combing is the best method of diagnosis:

- Wash hair. Towel dry. Comb through with a wide toothed comb. (This is easiest done if conditioner is applied.)
- Then use a fine-toothed specialist nit comb, touching the scalp, slowly draw the comb towards the end of the hair.
- Check comb for lice at the end of each stroke and continue for the entire head.

PLEASE NOTE: PHE guidelines state that:

- Diagnosis of Head Lice can only be made if a living, moving louse is found.
- No treatment should be used unless a living, moving louse is found by detection combing.

Action to be taken if head lice are suspected whilst pupil is at school

- If a member of the school staff at Westbourne House suspects that a child has head lice or the child complains of an itchy head whilst at school, the School Nurse or Matron on duty will be asked to assess the child as soon as is practicable to confirm (or deny) the diagnosis; she will check the child's head with a specialist nit comb using the method known as detection combing described above in the section headed "diagnosis".
- All confirmed infections require treatment.
- Permission to treat boarders will be sought from parents/guardians by the School Nurse or matron before the child is treated with an appropriate parasitological lotion/shampoo.
- Parents of day children will be contacted and informed by the School Nurse or matron and advised to purchase a suitable treatment to use on their child's head that same day at home, after school.
- There is no need to keep your child off school if they have headlice. (NHS guidance 2024)

Responsibilities of parents/guardians – PHE guidelines

- PHE guidelines state as with any other health-related problem identification, treatment and prevention of head lice is the responsibility of parents/guardians.
- In the case of boarders this should be done at the weekend by parents. The majority of our boarders spend more nights at home than at school. Given the part-time nature of their boarding, the routine inspection of hair would be unfeasible. However, the Nurses, Matrons and Residential Matron are responsible for the detection, regular checks and treatment of head lice for our full-time boarders.
- Please refer to the above section headed “Action to be taken if head lice are found in a child’s hair whilst at school”.
- Please note that all reports from parents of any infestations will be kept strictly confidential.

The PHE advises that the inspection of a child’s head should be as follows:

- Inspect and comb the child’s hair weekly with a specialist nit comb to help identify a head lice infection at the earliest possible stage especially if head-to-head contact with an infected person has occurred, or when members of the household have been named as contacts.
- Treatment should be administered promptly when living lice are detected on the child or on any other members of the family who live with the child.
- Parasitological lotion/shampoo should only be used as a treatment when an infection is present - and NEVER as a preventive measure/prophylaxis. Refer to PHE guidelines below in bold print under “Diagnosis” regarding when treatment is required.

Treatment

- Parasitological lotion or liquid formulations are recommended for the treatment of head lice infection. They should **never** be used for prophylaxis.
- Apply the lotion carefully following the manufacture's instruction on the information sheet in the pack.
- No treated person should go swimming until after the first recommended application time is completed. Following the treatment, swimming and normal shampooing routines will not affect the efficiency of the insecticides.
- A transient itch reaction may occasionally occur when the lotion is first applied, but this will soon disappear.
- Continuing infection is more likely to be due to faulty treatment technique and failure to trace and treat infected carriers than resistance to the treatment.
- Unnecessary and inappropriate treatment with insecticides is not encouraged.

Prevention

- NHS guidance states “there is nothing you can do to prevent head lice”. You can stop them spreading by wet combing regularly using a detection comb to catch them early.
- Research has shown routine head inspections conducted at schools did little to reduce the head lice problem. The reasons are:

- Lice are taken into school from the community and not the other way around. An effective head inspection requires damp hair and takes approximately 10 – 20 minutes to do – it is not practical to undertake this level of inspection in a school environment.
- Lice move rapidly when disturbed and can go unnoticed during routine school inspections.
- Early light infection will usually not be easily visible to the naked eye and will easily be missed by routine school inspections.
- A child who is louse free at the time of inspection can pick up infection later in the day.
- Routine inspections often provide a false sense of security.
- The DoH guidelines for infection control in schools and nurseries state that there is no need for a child who has head lice to stay away from school. One reason for this is that if a child does have lice, he or she will have had them at school for several weeks before diagnosis.
- The School Nurses are responsible for providing professional advice and support to staff, parents and pupils as required. They will provide accurate, up to date information.
- Good grooming and hygiene should be encouraged by all members of staff, and by parents/guardians. Good hair care will not prevent head lice infection, but it may help to identify head lice at an early stage and so help control the spread of the infection.
- Medicated sprays and lotions are not recommended to prevent head lice.
- Hair should be kept clean, neat, tidy and brushed. Long hair should be tied back.

Monitoring and review

The school will review and monitor the effectiveness and compliance of this protocol (in conjunction the school’s First Aid Policy). This protocol will be kept up-to-date and amended to take account of legislative and regulatory changes.

Last Review Date	Next Review Date	Reviewer(s)
September 2025	September 2026	School Nurse