

Head Lice (Pediculosis Capitis) Policy

Policy Statement & Commitments

Pediculosis Capitis, or head lice, is an ongoing problem at Brunswick East Primary School Outside School Hours Care Service (BEPS OSHC Service), like any other school or children's education and care service. Head lice are easily spread and can cause great discomfort for the person carrying them.

BEPS OSHC Service acknowledges the importance of early identification and treatment of head lice to ensure the wellbeing, health and safety of children, families, educators and the community at large, in accordance with the *Public Health and Wellbeing Act 2009*.

Both parents and educators need to work together to ensure the wellbeing of children, families, educators and the community, which include systematic identification and treatment of head lice, and building the knowledge of the community on such measures.

Procedures

Head lice are tiny insects. They do not have wings, so they cannot fly. Head lice have strong claws and swing from hair to hair – they cannot jump. They live on the hair and suck blood from the scalp. Head lice can only be spread from one person to another by direct head-to-head contact.

Anyone can get head lice – they have no preferences for cleanliness, hair colour, hair type, ethnicity or age. Head lice are a nuisance, but they do not cause disease or illness.

Itching is often the first thing that raises concern about head lice, however it is not a reliable sign of head lice. Head lice need to spend their entire life on human heads to survive. Head lice will die from dehydration within 6 to 24 hours when removed from the human head, depending upon humidity and when they last fed.

BEPS OSHC Service will be guided by the School's procedures to minimise the outbreak of head lice, and in the event of head lice being detected, procedures for families and educators working together in the identification, management and treatment of head lice at BEPS OSHC Service will be implemented.

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Procedures to minimise the outbreak of head lice:

- BEPS OSHC Service will provide information on the detection and control of head lice to parents and educators at the beginning of each year or more frequently if required. This may include a copy of this policy.
- Families are asked to inform themselves about identification and treatment of head lice.
- Families are asked to conduct regular checks for head lice on the whole family, particularly children once a week. If head lice are found, begin treatment immediately and check for effectiveness, and keep checking every 2 days until no lice are found for 10 consecutive days.

In the event of head lice being detected:

- educators will provide practical advice and a sympathetic attitude to avoid stigmatising families who are experiencing difficulty with control measures
- identification of an individual child with head lice is usually a marker of head lice in a much larger group and a group approach rather than an individual approach is needed
- educators will encourage parents to continue regularly (preferably once a week) to check their child for head lice
- the OSHC Coordinator will place a notice on the family noticeboard in the OSHC room advising of current head lice outbreaks (without individual children being identified)
- educators will contact the parents of any child carrying head lice or eggs to advise they will need to arrange for immediate collection and subsequent treatment of their child from attendance until the day following treatment
- families will be asked to respond immediately and courteously to requests from BEPS OSHC Service educators to collect their children from care if required due to head lice detection
- families will be required to treat head lice with approved solutions **and** physically remove all eggs from their child (treatment solutions will not kill the eggs)
- any children with head lice must be excluded from the Service until the day after appropriate treatment has commenced, as per Schedule 7 of the *Public Health and Wellbeing Regulations 2009 – the Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts*
- educators and children with longer hair will be asked to tie their hair back during an outbreak to reduce the chance of transmission

Identification and Treatment

Itching is often the first thing that raises concern about head lice, however it is not a reliable sign of head lice. Most children who itch do not have head lice. You can have head lice and not experience itching. Lice move fast in dry hair and are easy to miss. If you find head lice early, they are easier to treat. Everyone (adults and children) in the family needs to be checked, and if you find head lice, you need to decide on a treatment option.

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Using hair conditioner and combing is the most effective way of finding, and treating, head lice. Conditioner and combing can be used for both detection and treatment. The conditioner stuns the lice for some minutes so they can be easily removed. Conditioner and combing are reasonably inexpensive. It also avoids the use of head lice chemicals (pesticides).

Conditioner and Combing Technique:

Step 1	Untangle dry hair with an ordinary comb
Step 2	Apply hair conditioner to dry hair (use white conditioner as it makes it easier to see the nits). Use enough conditioner to thoroughly cover the whole scalp and all hair from roots to tips.
Step 3	Use the ordinary comb to evenly distribute conditioner and divide the hair into four or more sections using hair clips. A mirror helps if combing yourself.
Step 4	Change to a head lice comb.
Step 5	Start with a section at the back of the head. Place the teeth of the head lice comb against the scalp. Comb the hair from the roots through to the tips.
Step 6	Wipe the comb clean on a tissue after each stroke. In good light, check for head lice. Adult lice are easier to see – young lice are more difficult to see. A magnifying glass can help. You may also see some eggs.
Step 7	Comb each section twice until you have combed the whole head. If the comb becomes clogged, use an old toothbrush, dental floss or safety pin to remove the head lice or eggs.

Chemical Treatment:

When choosing a chemical treatment product, ensure you only choose chemical treatments that are designed specifically to treat head lice. Choose only chemical treatments which have an ‘Aust. L’ or ‘Aust. R’ number on the label. These products are licensed or registered with the Therapeutic Goods Administration (TGA) in Australia. This means they are approved for safety. Be wary of chemical treatments which are not officially approved. Be sure to follow instructions provided as there is no chemical treatment which will kill eggs, so repeat treatments are essential for treating young lice.

General Information

Scientific research (NHMRC publication *Staying Health in Child Care*; 2005) has shown the following:

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- Sharing hats presents no risk. It does not increase the chance of getting head lice. Researchers examined hats worn by 1000 school children and found no head lice even when many head lice were found on the children’s heads.

- Placing hair-grooming implements in a container of very hot water (60°C) for at least 30 seconds will kill any head lice caught in the comb after grooming. A domestic hot water service usually does not reach 60°C. If you do not have a thermometer, it may be easiest to use water shortly after it has gone off the boil.

- Researchers examined 118 carpeted classroom floors and found no head lice or eggs. When the students from those rooms were examined, they had a total of 14, 563 live head lice on their heads.

This policy should be read in conjunction with:

General Service Information Policy
Dealing with Illness and Infectious Diseases

Sources

Department of Health, *Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts* (Public Health and Wellbeing Regulations 2009), www.health.vic.gov.au

National Health and Medical Research Council 2012, *Staying Healthy in Child care. Preventing infectious diseases in child care (5th edition)*, NHMRC Publications Unit, http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/ch55_staying_healthy_childcare_5th_edition_0.pdf

<i>Education & Care Services National Law Act 2010 (Vic) - Section 2 (2)(a); 167 (1)(2) and (3)</i>
<i>Education & Care Services National Regulations (2011) – Regulations 4, 85 – 88, 98, 99, 106, 168 (2)(b)(c)(d), 170 – 175, 177</i>
<i>My Time, Our Place, Framework for School Age Care in Australia</i>
<i>National Quality Standard for Early Childhood Education and Care & School Age Care (2010) – Elements 2.1.1, 2.1.4, 2.3.2 & 7.1.1</i>
<i>Occupational Health & Safety Act 2004 – Providing a safe environment</i>
<i>Public Health & Wellbeing Regulations 2009 – Immunisation & Exclusion</i>

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