

## EXPLORERS POLICY AND PROCEDURES

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Explorers aims to support families in the eradication of head lice, by providing information and advice on what is primarily a problem of the community as a whole and not the pre-school per se.

Head lice are more a social than an infectious disease issue.

An 'outbreak' is very rarely the case, as most pre-schools may have 0-5% of children with active lice at any one time.

Families /staff must not panic and be alarmed by these unwanted visitors.

### **General Information**

Head lice are small grey-ish /white insects with six legs. They only survive on the heads of humans.

They live on, or are very close to the scalp and are not usually seen further down the hair shaft for very long.

Adult lice are about the size of a sesame seed and attach themselves onto the hair with hook like claws.

They live up to 30 days and feed on blood to survive.

Head lice hatch from eggs which are oval and yellow/pearly white, often looking similar to dandruff.

The eggs also attach to the hair and take about a week to hatch.

Nymphs hatch from the eggs and take about 7 days to mature as adults, feeding on blood to survive.

Females lay eggs on a daily basis. After hatching, the egg cases remain glued to the base of the hair follicle and are commonly referred to as 'nits'.

Nits may not be an indication of current infection as they may remain following successful treatment.

### **Transmission**

Head lice cannot jump, hop or swim. They are transmitted through direct, prolonged contact with an infected person, e.g. play (with head to head contact) at pre-school or close contact at home.

Head lice can cause scalp irritation (due to allergy and not bites directly), but may be present without itching.

Children and adults may get head lice and they have no preference for clean, dirty, long or short hair.

Lice may be present for 2-3 months before sufficient numbers are reached to cause irritation.

## Detection

### **The primary responsibility for the identification, treatment and prevention of head lice in a family is with the parent/carer/guardian of the child**

Health professionals (GP, Health Visitor etc.) may be required to diagnose current infection or a successfully treated previous infection (nits may still be present after treatment).

To detect Head Lice

- Wash hair with shampoo and apply conditioner
- Comb to remove tangles
- Use a plastic detection comb and comb from root to tip, working through the whole head.
- Check comb for lice.

Check on a regular basis to avoid lice multiplying and spreading. (Weekly checks for the whole family are recommended.

Parents/carers/ guardians should inform Explorers if a child has had head lice diagnosed, so that staff can be aware of the problem.

## Treatment

A diagnosis of head lice can only be made if a living, moving louse is found.

GP's or other members of the primary care team, will be able to advise with regards to appropriate treatments.

Chemical treatments are available but must only be used after a GP/health professional has made a diagnosis and can prescribe the most suitable insecticide.

Pharmacies will also be able to offer advice.

Treatments will not prevent infections and should not be used 'just in case'.

All contacts of the infected person must be informed if they have had 'head to head' contact within a month.

All family members with living, moving head lice must also be treated to prevent re-infection.

If a non-chemical method is preferred:

Wet Combing may be used as in the detection method and lice trapped within the comb removed.

There is no consensus as to how long this treatment should be carried out, but 4 wet combings in 2 weeks are considered to be adequate in most cases.

This procedure will also remove egg cases (nits).

Treatment Failure:

Treatment failure may result from:

- Inadequate/inappropriate treatment
- Misdiagnosis (nits/itch still present but lice not).
- Young lice not killed as eggs not hatched and so lice present after the first but before the second application.
- Re-infection.

Explorers will not routinely perform head inspections but will inform the parent/carer/guardian of the affected child if they suspect an infection.

Explorers advise regular checks for all children and families may be notified if an outbreak occurs to try and contain the infestation.

Explorers aim to deal with this issue sensitively and discretely as the social stigma can be damaging.

If a child becomes uncomfortable during the course of a session, the child's parent/carer/guardian may be notified and advised to commence treatment straight away.

Please note that parents/carers/guardians are not obliged to collect their child mid-session or keep them away from Explorers, but must establish a diagnosis and commence treatment immediately thereafter.

If families have continuing or recurring infections, Explorers will endeavour to assist and support them in the successful eradication of the head lice, with the aid of healthcare professionals if necessary.

For further information, please contact the 'Communicable Disease Team at the Somerset Health Protection Unit (Taunton Team)

Tel: 01823 344267

Please note:

The information below only needs to be included on the main policy which has been adopted and not on the parent/carer/guardian copy.

This policy was adopted at an Explorers committee meeting held on

Date: 15/07/2022

Approved by:

Kelly Groves – Chair Person

Anna Swinburn - Supervisor