



Ivingswood Academy Headlice Policy

APPROVED: November 2025
REVIEW: October 2028

1. Introduction

Ivingswood Academy is aware of the national problem of headlice and how it can sometimes affect children of a primary school age at home and in school. This policy aims to set out the duties and responsibilities of parents, the school and the Health Authorities in dealing with head lice and to provide guidance on the detection, treatment and prevention of headlice infestations.

It sets out what school can and cannot do legally as well as providing some practical advice as to how to tackle head lice.

At Ivingswood Academy, our policy and procedures follow the most recent guidance available from NHS Choices (22nd April 2024) <http://www.nhs.uk/conditions/Head-lice> and Public Health England (1st April 2013/updates 2018) (<https://www.gov.uk/head-lice><https://www.gov.uk/head-lice-pediculosis>[pediculosis](https://www.gov.uk/head-lice-pediculosis)).

2. Policy Aims

- To inform parents and carers and relevant professional staff on the detection, treatment and prevention of headlice infestations.
- To encourage parental or self-inspection of hair for early identification of infestation.
- To minimise the social stigma associated with infestations.
- To ensure that accurate and consistent information and advice is available.

3. Background information (from NHS Direct).

Headlouse infestation is not primarily a problem of schools but one of the wider community. It cannot be solved by school, but the school can help the local community to deal with it. Headlice are transmitted by direct, still, prolonged head-to-head contact. Transmission of lice within a classroom is relatively rare. When it does occur, it is usually from a 'best friend'.

Headlice will not be eradicated in the foreseeable future, but a sensible, informed approach, based on fact not mythology, will help to limit the problem. At any one time, most schools will have a few children who have active infection with headlice. This is often between 0% and 5%, rarely more. The perception by parents/carers however, is often that there is a serious 'outbreak' with many children infected. This is hardly ever the case.

4. Parents'/Carers Responsibilities

As the carer of a child you should and are expected to:

- Undertake regular weekly and where appropriate daily checks to ensure that your child/family is not affected. This should be done with a detector comb as noted in this advice in the school's parent leaflet on headlice and in this policy. All family members should be checked.
- Hair should be checked on the same day if a letter/text /verbal notification is received from school or school staff have advised that there is a case of headlice in your child's class.

- If live headlice are found, prompt treatment should be given. Leaving it, will only increase the possibility of in your child becoming uncomfortable with a possible infestation.
- Inform all contacts of the family / friends who may have come in to head-to-head contact for a minute or more in the last month if headlice or nits (eggs) are found.
- Seek advice from a medical practitioner (Pharmacist/ Health Visitor/ Doctor) about using an approved lotion and treat using this method in the recommended way.

5. School's Responsibilities

Ivingswood Academy will undertake to:

- Provide information about Headlice on an annual basis and more regularly if many cases arise
- Encourage parents to seek advice from the professionals if they find headlice to be a persistent problem.
- Maintain a visual check on pupils.
- Alert parents (class/year group) via a text or letter (and if necessary verbal notification) if an outbreak is noted or school is notified by a parent that a pupil has headlice.
- Invite parents to meet with the Family Support Worker to discuss treatment/ provide advice should parents wish.
- The Family Support Worker (with the parent's permission) may then offer to provide assistance with wet combing and /or other treatment.
- Encourage parents to return their child to school immediately after treatment – there is no need to keep a child off school for the day.
- School staff will be encouraged to check their own hair regularly.

The school by law cannot:

- Carry out physical checks on pupils for head lice.
- Tell parents to keep children away from school because of head lice.
- Exclude/suspend a child from school because of head lice.

6. Advice Section

6.1 Facts about head lice

- Head lice are small, six-legged wingless insects that live on the hair close to the scalp where it is warm and easy for them to feed.
- They are pin-head size when they hatch, less than match-head size when fully grown and are difficult to see in the hair.
- The eggs are glued individually to hairs near the scalp. Unhatched eggs are dull in colour and hard to see, but after the lice have hatched the empty egg sacs – called 'nits' – are white and easy to see. Many people mistake the empty egg sacs or nits for head lice when they are actually evidence of a previous infection of head lice.
- Head lice are easily missed in dry hair and do not necessarily cause itching. There are often only 10 lice or less on a head.
- Head lice can't fly, jump or swim. They spread from person to person by climbing swiftly along hairs during close head to head contact.
- Head lice are not fussy about hair length or condition – clean hair is no protection.
- Head lice are not harmful.

- Head lice infection is common. Anyone with hair can get them, but children, who put their heads together a lot, tend to get them more often.

6.2 Detection

Head lice can't be prevented but regular checking ensures early detection and treatment if necessary. The best detection method is wet combing (see below).

Parents and carers should aim to check their children's hair once a week during hair washing. You need your usual shampoo, ordinary conditioner and a louse detection comb. Remember that you are looking for living moving head lice – the only evidence that your child has a head lice infection. The comb must be fine enough to catch the lice. Your pharmacist should be able to recommend a suitable one.

6.3 How to check

Good lighting is important. Look for nits by parting hair in small sections, going from one side of the head to the other. Check carefully, looking close to the scalp. Nits are most predictably found on hairs at the nape of the neck and behind the ears, where they are protected from extremes of light and temperature. However, they may be laid anywhere on the hair, especially in warm weather. The appearance of a nit is often confused with that of a flake of dandruff or a dried particle of hairspray or gel. A distinguishing feature is that dandruff and hair products can be easily combed off the hair or removed with the fingers, while nits cannot. Nits are firmly glued to the hair and must be removed with a fine toothed comb or fingernails, or snipped off with scissors. The scalp should be examined in sunlight or under bright artificial light. The hair should be parted, with individual strands checked for nits. Head lice 'hold on' to the hair with hook like claws found at the end of each of their six legs.

6.4 Treatment

There are two treatment options. The first is the wet combing method as set out below. The other is to use an insecticide lotion.

"Persistence is the key to getting rid of these annoying insects!"

6.5 Wet combing

1. Shampoo the hair, rinse, apply lots of conditioner and use a wide-toothed comb to untangle and straighten.
2. Once the tangles have gone, section the hair and comb with a fine-toothed detection comb from root to end. Comb one section at a time, paying particular attention to the back of the neck and the area around the ears.
3. Check the comb for live lice between each stroke and remove them.
4. When the whole head of hair has been combed through and checked, rinse off the conditioner.
5. Check all family members at the same time and arrange treatment if lice are found. If you discover head lice, inform any close contacts, so they and their families know they should check too. The time required to wet comb the whole head can range from 2 minutes for short, straight hair to 30 minutes for long, curly hair.

6.6 Lotions

You can ask a health professional about which lotion is most effective. People with asthma or allergies, pregnant or breastfeeding mothers, and parents or carers of very young children should always ask their doctor or pharmacist about which treatments are safe for them.

Note the following advice for using lotions:

- Do not use lotions unless you find a living, moving louse. Head lice may become resistant to lotions if they are used too often.
- If live head lice are still being found after two treatments, ask your doctor, pharmacist, health visitor or school nurse for advice.
- Follow the instructions on the packet carefully. These will tell you how to apply the lotion, how long to leave it on the hair and when any repeat application is required for the treatment to be effective. The treatment method may vary between different lotions.
- Although the lotion will kill the lice, it will not kill the eggs. You will need to apply the lotion again after 7 days to kill any newly hatched baby lice. Again, this procedure may vary between different lotions, so follow the instructions on the packet carefully.
- Treatment does not prevent infections.

6.7 Tips

- Head louse eggs take up to 10 days to hatch. Baby lice take 6-14 days to become fully grown, and it is after this that they will take the opportunity to move from head-to-head during close contact. Younger lice tend to remain for a minimum of 6 days on the head where they have hatched.
- Treatment is only needed when a thorough check detects live lice. Insecticide lotion, rinse, mousse or shampoo should never be used preventatively – doing this may help the lice to become resistant to treatment.
- Beware of mixing your own potion for treatment or repelling lice – it is unlikely to be effective and could be dangerous. In particular, essential oils, such as tea tree, must be used with extreme caution on children and pregnant or breastfeeding mothers. ‘Natural’ does not necessarily mean ‘safe’.
- Seek advice from a medical professional about which treatments are effective – not all those on the market are. In particular, there is currently no evidence that ‘electronic zappers’, tea tree oil or preparations that claim to contain insecticides of natural origin are effective.

7. Policy Review

This policy will be reviewed every 3 years by the Senior Leadership Team.