HEAD LICE POLICY

Head lice continue to cause concern and frustration for families, educators and children. Although head lice are not considered a health hazard, and do not spread disease, infestations can cause anxiety for all stakeholders. Head lice affect all socioeconomic groups and are not a sign of poor hygiene. They have no preference for ethnic background, hair colour, hair type or age. This policy is intended to outline roles, responsibilities and expectations of the Service to assist with early identification, treatment and control of head lice in a consistent and coordinated manner.

Whilst families have the primary responsibility for the detection and treatment of head lice, our Service will work in a cooperative and collaborative manner to assist all families to manage head lice effectively.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, hygiene and safe food practices
88	Infectious Diseases
168	Education and care service must have policies and procedures

RELATED POLICIES

Family Communication Policy Health and Safety Policy Privacy and Confidentiality Policy	Respect for Children Work Health and Safety Policy

PURPOSE

To ensure parents, staff and educators are well informed about the early identification of head lice and managing infestations through effective treatment and communication with families.

OUR SERVICE AIMS TO

- outline the roles and responsibilities of families, educators and management who are involved in early detection, treatment, and control of head lice
- document effective treatment and management strategies and
- provide information and support for families.

SCOPE

This policy applies to children, families, staff, management, the approved provider, nominated supervisor, students and visitors of the Service.

HEAD LICE

Pediculosis Capitis or head lice are insects that live in hair and suck blood from the scalp, usually causing itching of the scalp. Female head lice lay their eggs and glue them to the base of hair shafts. The eggs (nits) are pale cream to yellowish brown in colour and hatch after 7–10 days. The immature lice grow into adults over 6–10 days and start biting the scalp to feed on blood. Adult lice mate, the females lay more eggs, and the cycle continues.

People get head lice from direct head-to-head contact with another person who has head lice. This can happen when people play, cuddle, or work closely together. Head lice do not have wings or jumping legs so they cannot fly or jump from head-to-head. They can only crawl.

Head lice do not live or breed on animals, bedding, furniture, carpets, clothes, or soft toys. They are rarely spread by sharing hats.

While head lice are not known to carry disease, they are a nuisance for parents and children. The social stigma associated with head lice infestation can affect children's comfort and confidence.

Head lice can be controlled through a consistent, systematic community approach.

FINDING HEAD LICE

Head lice do not necessarily cause an itch, and may be difficult to observe. Look for eggs by shining a strong light on the hair near the scalp, or by using the conditioner and combing technique. (See Treatment section below).

Head lice are found on the hair shaft itself and move to the scalp to feed. They can be brown or grey in colour. Head lice have six legs, which end in a claw, and they rarely fall from the head. Louse eggs (also called nits) are laid within 1.5cm of the scalp and are firmly attached to the hair. They resemble dandruff, but can't be brushed off.

IMPLEMENTATION

RESPONSIBILITIES OF MANAGEMENT, NOMINATED SUPERVISOR, RESPONSIBLE PERSONS AND EDUCATORS

If one child at the Service has head lice, it is likely that several others also have them. To help prevent the spread of head lice our Service will:

- remind parents to be vigilant in checking for head lice weekly
- confidentially notify the parent/caregiver of a child who is suspected of having live head lice and request that the child is treated before returning to the Service the following day
- keep families informed if there is someone at the Service with head lice, ensuring confidentiality is not breached by discloses the child's name who has head lice.
- reduce head-to-head contact between all children when the Service is aware that someone has head lice
- support parents and children who have head lice by providing factual information, reducing parental anxiety and not singling out individual children with head lice
- ensure that the child or children with head lice are not isolated or excluded from learning
- provide families with suggestions of effective treatment for head lice
- encourage parents to tie back children's hair when attending the Service
- record all cases confidentially so an outbreak can be avoided or minimised
- encourage children to learn about head lice so as to help them understand the issue and how to prevent further outbreaks- e.g.: avoid sharing hairbrushes and hats

RESPONSIBILITIES OF FAMILIES

- check your child's head once a week for head lice
- notify the Service immediately if head lice are found on your child's head

- ensure you check all members of your family if one person has head lice (there is no need to treat the whole family, unless they also have head lice)
- ensure your child does not attend the Service with untreated head lice. If you find any live lice or eggs (nits), begin treatment immediately and notify the Service if your child is affected so the Service can monitor the number of cases and act responsibly.
- check for effectiveness of the treatment every 2 days until no live lice are found for 10 consecutive days. Remove eggs (nits) from your child's hair using the conditioner method and head lice comb.
- once treatment has started, your child can attend the Service.
- if your child has long hair, ensure this is tied back
- only use safe and recommended practices to treat head lice
- maintain a sympathetic attitude and avoid defaming/blaming families who are experiencing difficulty with control measures.

TREATMENT

The two most common methods used for the treatment of head lice are the conditioner/combing technique and chemical treatments.

Conditioner and Combing Technique

Conditioner stuns lice and blocks their breathing pores. This, together with the slippery effect of the conditioner, makes it easier to mechanically remove the lice.

1. Untangle dry hair with an ordinary comb
2. Apply hair conditioner to dry hair (white conditioner makes it easier to see the eggs). Use enough conditioner to cover the whole scalp and all the hair from roots to tips.
3. Use an ordinary comb to evenly distribute the conditioner and divide the hair into four or more sections using hair clips.
4. Starting with a section at the back of the head, place the teeth of a head lice comb flat against the scalp. Comb the hair from the roots through to the tips.
5. Wipe the comb clean on a tissue after each stroke and check for head lice or eggs on the tissue.
6. Comb each section twice until you have combed the whole head. If the comb becomes clogged, use an old toothbrush, dental floss or a safety pin to remove the head lice or eggs.
7. Wash out the conditioner.
8. Clean the comb using hot soapy water and rinse off with hot water.
9. Repeat the conditioner and combing method after seven days to ensure that any immature head lice that have hatched are removed before they can lay more eggs.

Chemical treatments

There are four main categories of head lice products available in Australia which may include an active compound which kills head lice and some eggs (nits). Any head lice treatment product used should carry an Australian Registered (AUST R) number on the outer packaging indicating the product is accepted by the Therapeutic Goods Administration for supply in Australia. No treatment kills all eggs so the hair must be retreated after 7 to 10 days to kill any head lice that may have hatched or survived the first treatment.

There are many different chemical products available to use for children aged over six months- check with a pharmacist to help choose a product. No single chemical treatment will work for everyone and lice can develop resistance to the chemicals.

JURISDICTION SPECIFICATIONS FOR EACH STATE

VICTORIA (VIC)
Victoria State Govt. Health Vic. https://www2.health.vic.gov.au/public-health/infectious-diseases/head-lice

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Head Lice Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCE

Australian Children's Education & Care Quality Authority. (2014).
Better Health Channel. (2019). Head lice (nits) [Fact Sheet].
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Early Childhood Australia Code of Ethics. (2016).
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Education and Care Services National Regulations. (Amended 2023).
Guide to the National Quality Standard. (Amended 2023).
National Health and Medical Research Council. (2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services.*
Privacy Act 1988.
Revised National Quality Standard. (2018).
SA Health. (2019). Head lice, management guidelines for schools:
United Nations Convention on the Rights of the Child
Western Australian Education and Care Services National Regulations

REVIEW

POLICY REVIEWED BY:	TRACEY DAVEY	OPERATIONS MANAGER	JULY 2023
POLICY REVIEWED	JULY 2023	NEXT REVIEW DATE	JULY 2024
VERSION NUMBER	V11.7.23		
MODIFICATIONS	• policy maintenance - no major changes to policy • minor formatting edits within text • hyperlinks checked and repaired as required • continuous improvement/reflection section added		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JULY 2022	• policy maintenance - no major changes to policy • minor formatting edits within text • hyperlinks checked and repaired as required	JULY 2023
JULY 2021	• Policy review includes ACECQA policy guidelines/components (June 2021) • Minor formatting edits • sources checked for currency	JULY 2022
JULY 2020	• Regulations added for compliance • reordering of wording in 'Implementation' section • small changes to family responsibility section • links checked and modifications made where indicated • further information added to treatment section • additional source added	JULY 2021
JULY 2019	• Grammar and punctuation edited. • Additional information added to points. • References checked. • Sources checked for currency. • Information checked • New sources added. • Jurisdiction table removed – only 2 states with info and both of these are now unavailable.	JULY 2020
JULY 2018	• Minor changes made to comply with changes to the Education and Care National Regulations. • Added related policy section	JULY 2019
OCTOBER 2017	• Updated the National Quality Standard references to comply with revised standard	JULY 2019

JULY 2017	• Minor terminology changes made – see yellow highlights	JULY 2019