



3.12 Head Lice

Purpose

To provide a policy that documents John Street's approach to identification, exclusion, and treatment of head lice.

Objective

For educators and families at John Street to be guided by 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, exclusion and treatment of head lice at John Street.

Scope of Policy

This policy applies to children, families, educators and the John Street community.

Policy Statement

Pediculus Capitis, or head lice, can be a problem at John Street like any other school or children's service centre. Head lice are easily spread and can cause great discomfort for the child/adult carrying them.

John Street 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*.

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 6–24 hours when removed from the human head, depending upon humidity and when they last fed.

Procedures to minimise the outbreak of head lice:

- The Director will make available information on the detection and control of head lice to parents/guardians and educators for referral as required.
- 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.
- Educators will endeavour to reduce head-to-head contact, where possible, between all children during activities when they are aware that someone at John Street has head lice.

In the event of head lice being detected:

- Educators will provide practical advice and a sympathetic attitude to avoid stigmatising families who are having trouble 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/guardians to continue regularly (preferably once a week) to check their child for head lice.
- The Director will place a notice in the foyer advising of current head lice outbreaks; individual children will not be identified.
- Educators will contact the parent/s 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 are asked to respond immediately and courteously to requests from John Street educators to collect their child/children from care if required due to head lice detection.
- Families are required to treat head lice with approved solutions or “conditioner & comb method” **and** physically remove all eggs from their child (**treatment solutions will not kill eggs**).
- Child/children and Educators must be excluded from John Street 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 know. 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.

Using hair conditioner and combing is the most effective way of finding and treating head lice. Conditioner and combing can be used for detection and/or 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 difficult to see. A magnifying glass will help. You may 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.

Responsibility

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

General Information

Scientific research (NHMRC publication *Staying Healthy in Child Care*) has shown:

- 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.

Legislative Provisions

Education and Care Services National Law Act – Section 2 (2)(a); 167 (1)(2) and (3)

Education and Care services National Regulations:

R.4	<i>Definitions -infectious disease</i>
r.85	<i>Incident, injury, trauma and illness policies and procedures</i>
r.86	<i>Notification of incident, injury, trauma and illness</i>
r.87	<i>Incident, injury, trauma and illness record</i>
r.88	<i>Infectious Diseases</i>
r.98	<i>Telephone or other communications equipment</i>
r.99	<i>Children leaving the education and care service premises</i>
r.106	<i>Laundry and hygiene facilities</i>
R.168	<i>Education and Care Services Must have policies and procedures (2) Policies and procedure to be kept in relation to the following: (b) – incident, injury, trauma and illness procedures complying with regulation 88 (c) dealing with infectious diseases, including procedures complying with regulation 88 (d) – policies and procedures are required in relation to dealing with medical conditions in children, including matters set out in regulation 90</i>
r.170	<i>Policies and procedures to be followed</i>
r.171	<i>Policies and procedures to be kept available</i>

r.172	<i>Notification of change to policies or procedures</i>
r.173	<i>Prescribed information to be displayed</i>
r.174	<i>Time to notify certain circumstance to Regulatory Authority</i>
r.175	<i>Prescribed information to be notified to Regulatory Authority</i>
r.177	<i>Prescribed enrolment and other documents to be kept by approved provider</i> <i>(b) – an incident, injury, trauma and illness record as set out in regulation 87</i> <i>(c) – a medication record as set out in regulation 90</i>

National Quality Standard for Early Childhood Education and Care & School Age Care

Element 2.1.1	<i>Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.</i>
Element 2.1.2	<i>Effective illness and injury management and hygiene practices are promoted and implemented.</i>
Element 4.1.1	<i>The organisation of educators across the service supports children's learning and development</i>

Background Legislation

Public Health & Wellbeing Regulations 2009	<i>Exclusions</i>
Occupational Health & Safety Act 2004	<i>Providing a safe environment</i>

Sources

Department of Health, Victoria, Australia, *Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts* (Public Health and Wellbeing Regulations 2009) Retrieved February 2012 from www.health.vic.gov.au

National Health and Medical Research Council. (2005) *Staying Healthy in Child care. Preventing infectious diseases in child care*. 5th ed. 2013. NHMRC Publications Unit. Available on line. https://www.nhmrc.gov.au/files_nhmrc/publications/attachments/ch55_staying_healthy_5th_edition_150602.pdf

Victorian Government's 'Better Health Channel' guide, <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/head-lice-nits>.

Related John Street Policies, Procedures and Guidelines

Policies	<i>Dealing with Complaints; Communication with Families; Illness & Infection</i>
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Authorisation

This policy was approved by the John Street Board in July 2018.