

# HEALTHY HEADS – WITHOUT HEADLICE



Department  
of Health



## WEST LAKES SHORE SCHOOL

### SCHOOL POLICY

#### to support family and community headlice management

This school policy outlines the roles and responsibilities of the West Lakes Shore School school community members in community efforts to control headlice. This school policy draws on information obtained from the Department of Health publication *Healthy Heads - Without Headlice* and the Department for Education and Child Development publication *Headlice – the role of preschools and schools in community headlice control*.

All members of this school community will work in a cooperative and collaborative manner to assist families to manage headlice effectively.

**Evidence shows that we cannot eradicate headlice but we can reduce the number of cases if all school community members work together in a coordinated manner. In this school community there is a commitment to do this in the following ways:**

**At West Lakes Shore School we distribute a proforma to parents/caregivers giving us permission to implement our headlice strategy if headlice is suspected or detected with discretion to protect students' well being and privacy.**

**This involves**

- **Screening students for headlice if headlice is suspected .( to confirm the presence of headlice)\***
  - **Withdrawing their child from close contact with other children until they can be collected by a parent/ caregiver.**
  - **Where permission to screen is not given, the school will contact parents/caregivers advising of the possibility of the presence of headlice and request that parents/ caregivers inspect the student's hair as soon as possible and provide treatment if necessary.**
    - All families (i.e. the families of students, staff and others working in the school community) will check at home the hair of all household members regularly for live lice. They will aim to use a headlice comb, for greater accuracy<sup>1</sup>, and they will use an effective treatment if necessary
    - Where an active case is detected, the school encourages immediate treatment and return to school the day after appropriate treatment was commenced
    - The principal or their nominee will contact the family to ask that a student be checked and receive treatment if necessary
    - Parents/caregivers will notify the school if their child is found to have live lice and advise when appropriate treatment was commenced
    - The school will notify parents/caregivers of children in a classroom when a case of headlice is detected in the classroom, to alert these families of the need to check more frequently.
- See attached note ( LETTER/ HEADLICE INFORMATION TO FAMILIES)**
- Families will notify the parents/caregivers of their child's friends where appropriate, so they have an early opportunity to detect and treat their children if necessary
  - A sympathetic attitude will be maintained by the entire school community to avoid stigmatising/blaming families who are experiencing difficulty with control measures. Student well being is of primary importance.

**To support parents/caregivers and the broader school community to achieve a consistent, collaborative approach to headlice management the school will undertake to:**

- Distribute up to date and accurate information on the detection, treatment and control of headlice to students, staff and their families at the beginning of the year or more frequently if required

- Include information about headlice management in orientation and transition programs for new families/staff attending the school within the context of the state-wide school, preschool and childcare health support planning guidelines
- Include information and updates in school newsletters
- Provide practical advice, maintain a sympathetic attitude and avoid stigmatising/blaming families who are experiencing difficulty with control measures
- Access community educational resources and support, such as community health centres and local government (Environmental Health Officers through the Charles Sturt Council, medical professionals, DECD personnel or the Department of Health )
- Accept the advice of parents/caregivers that appropriate treatment has commenced
- Encourage children to learn about headlice so as to help remove any stigma or other negative experiences associated with the issue
- Be aware of real difficulties, such as treatment failure, that some parents/caregivers may encounter and seek extra support from community health centres and local government (Environmental Health Officers) if required
- Participate in a Headlice Local Area Network to work with other schools, childcare centres, health services and pharmacists in our Local Government Area to achieve consistent management and policy across sectors
- Review the *School Headlice Policy* annually and seek endorsement from the School Community/Governing Council
- Continue to seek opportunities to increase our collective understanding of and response to managing headlice

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#### **FURTHER SUPPORT RESOURCES:**

[www.chess.sa.edu.au](http://www.chess.sa.edu.au) / pathways/ headlice

The Womens' and Children's Hospital Information Centre – 820 469 75

The Child and Youth Health Parent Helpline – 1300 364 100

#### **EXAMPLE : LETTER TO PARENTS**

Dear Parents/Caregivers,

We have discovered cases of head lice in your child's unit. Please check your children's hair – remember anyone can catch head lice. Check your child's hair in bright light. Check the scalp, especially at the front, nape of the neck, behind the ears, under the fringe and at the base of plaits or a ponytail.

#### **WHAT TO LOOK FOR:**

- Small red dots (head lice bites) behind ears and the nape of the neck.
- Pillows that appear dirtier than usual.
- Eggs not dandruff – dandruff is flaky and easily removed.
- A 'sandy' or 'gritty' feel of the eggs when running fingers through the hair.

If you find any lice please follow the treatment sheet and remember that a child who has head lice **cannot return to school until treated and free of lice.**

Thanking you,

Sue Toone

Principal

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<sup>i</sup> Roberts, R. J. (2002). Head Lice. *New England Journal of Medicine*, **346(21)**: 1645-1650

# WEST LAKES SHORE SCHOOLS - HEADLICE PROTOCOL FLOW CHART

