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Guidance For Staff On The Problem Of Head Lice

RATIONALE

The primary professional responsibility for the diagnosis, management and treatment of any individual for any disease lies with the GP and the primary care team. This should apply to head lice as much as to any other problem.

The Western Health and Social Services Board has issued guidelines for the control of head lice. These reflect national guidance.

AIMS

- To bring this problem back into perspective.
- Avoid treatment of imaginary infections.
- Treat true infections thoroughly.
- Shift the emphasis away from schools - this is a community problem rather than a school one.

GENERAL POINTS

Head louse infection is not primarily a problem of schools but of the wider community. It cannot be solved by the school, but the school can help the local community to deal with it.

Head lice are only transmitted by direct, prolonged, head-to-head contact. Transmission of lice within the classroom is relatively rare. When it does occur it is usually from a *"best friend*".

Head lice will not be eradicated in the foreseeable future, but a sensible, informed approach should help to limit the problem.

At any one time, most schools will have few children who have active infection with head lice. This is often between 0% and 5%, rarely more.

The perception by parents and staff, however, is often that there is a serious *"outbreak*" with many of the children infected. This is hardly ever the case.

The "*outbreak*" is often an outbreak of agitation and alarm, not of louse infection; a societal problem not a public health problem.

SCHOOL PROTOCOL

The Head of Year will inform the school nurse in confidence of cases of head louse infection where it is thought extra help and support are needed. He/She will assess the individual report and may decide to make confidential contact with the parents to offer information, advice and support. Most cases can be dealt with by the school making a direct, tactful approach to parents. It is important not to "*blame*" the child for causing a problem in the school, but rather to make the approach that

the child may be infected and needs investigation/treatment for his/her own sake. This is a sensitive matter and should be dealt with by Year Heads on an individual basis. Where another member of the class reports an infection on another pupil, a tactful approach should be made to the pupil in question. An Information leaflet *(copies available in the staffroom*) can be given to the child and sent out to the parents with a tactful outline of why the leaflet is being sent out.

Individual reports must be kept confidential.

School nurses will no longer carry out head inspections on groups of children - it is of no use and wastes the nurse's valuable time.

"Alert letters" ***will no longer be sent out to parents***. They serve no useful purpose and can result in unnecessary alarm and panic and in pseudo - outbreaks occurring. There is evidence they lead to a lot of unnecessary treatment which can in itself be harmful. The only other condition for which "*alert letters*" are sent out is meningococcal infection. Head lice are clearly not in the same category, but treating them in this way helps to perpetuate the over reaction to them.

Concerned parents can seek advice from the school nurse, the family doctor or the local pharmacist.

Children who have, or are thought to have, head lice should not be excluded from school.

This policy was last reviewed by Leadership Team: February 2017

Due to be Reviewed: February 2019