

# Head lice management guidelines



## Introduction

Head lice continue to cause concern and frustration for some parents, teachers and children. Whilst parents have the primary responsibility for the detection and treatment of head lice, the control and management of head lice infections is a shared responsibility amongst a number of agencies including the Department of Education and Training, schools, childcare centres, parents, the pharmaceutical industry, local government, and general practitioners.

The coordination of training and professional updates on head lice management can be difficult in such a broad range of sectors.

## Aim

To create and maintain well informed communities (parents, teachers, council staff, childcare and health workers) confident in their ability to manage head lice.

The objectives of this document are:

1. To outline the roles and responsibilities of many of the key players involved in detection, treatment and control of head lice. It aims to educate participating agencies regarding the activities of other agencies. It is not designed to be an exhaustive approach but provides a framework for an effective way to deal with a problem by the community and its professional advisers
2. To document effective treatment and management strategies which are vital, as head lice cannot be eradicated. These guidelines represent the systematic community approach that is necessary, as head lice infections are as much a social issue as they are an educational or health issue
3. To invite and encourage participation.

## Roles and responsibilities

### Parent/carer

Parental and carer responsibilities include:

- ensuring their child does not attend school with untreated head lice
- the use of safe treatment practices which do not place their child's health at risk: Unsafe practices include: treating hair with a product that contains an insecticide more often than once per week or using it as a preventative measure; using pet flea or tick treatments; fly spray or insecticidal surface sprays and dangerous products such as kerosene

To achieve this, it is reasonable to expect parent and carers will:

- regularly (preferably once a week) inspect their child's hair to look for lice or lice eggs (using conditioner and a head lice comb is the easiest and most effective way to do this – see DHS pamphlet)
- regularly inspect all household members and then treat them if necessary

- notify the school if their child is affected, and advise the school when the treatment was started
- notify the parents or carers of their child's friends so they too have the opportunity to detect and treat their children if necessary.

Exclusion under the Health (Infectious Disease) Regulations 2001 refers to exclusion of children from school or children's services centres until the day after appropriate treatment has started. In the case of head lice, appropriate treatment refers to treatment that removes live lice. For instance, the use of combing and conditioner can constitute appropriate treatment. If a child re-attends school with live lice they can again be excluded until the live insects have been removed.

### **Department of Human Services (DHS)**

DHS is responsible for:

- providing up-to-date, referenced and sourced information [www.health.vic.gov.au/headlice](http://www.health.vic.gov.au/headlice)
- disseminating policy guidelines to the key stakeholders on the detection, treatment and management of head lice
- conducting education sessions for schools via the school nursing program
- providing an ongoing advisory service for public enquires regarding head lice
- ensuring consistency on this issue across all DHS regions.

DHS will work collaboratively with:

- the Department of Education, and Training and the Association of Independent Schools to encourage schools to actively adopt these management guidelines in their schools
- Local Government to encourage councils and their employees to actively adopt these management guidelines.

### **DHS regional offices provide added assistance by:**

- recognising staff at a regional level who can offer advice and education to the public; and
- identifying and maintaining liaison with people in their region who are able to provide educational resources for schools and the wider community.

### **DHS school nurses**

Each primary school in Victoria has a visiting DHS primary school nurse. Their role is not to conduct school based head lice inspections but rather their responsibility includes:

- formalising the leadership role they have in providing education sessions and information to schools; and
- having an awareness of community services and resources that are appropriate for family referral when families are experiencing particular difficulties managing head lice infections.

### **School, childcare and kindergarten staff**

It is reasonable to expect schools and childcare centres will be responsible for:

- the distribution of policies and information on the detection, treatment and control of head lice to parents and staff at the beginning of the year or more frequently if required

Providing support for parents through:

- practical advice and a sympathetic attitude so as to avoid stigmatising families who are experiencing difficulty with the control measures; and
- encouraging parents to continue to regularly (preferably once per week) check their child for head lice. Older children could be taught to use conditioner to check their own hair (See the resources section of [www.health.vic.gov.au/headlice](http://www.health.vic.gov.au/headlice)).

Schools and centres can adopt an integrated and systematic management approach to head lice management in the following ways:

- accessing community educational resources and support such as school nursing, community health centres or local government
- being aware that the responsibility to exclude a child from a school or children's service centre rests with the principal or person in charge of the school or children's services centre
- being aware that the exclusion of children, from a school or children's services centre, with pediculosis refers only to those children who have live insects and does not refer to head lice eggs
- educating all the staff at the school or centre about head lice
- encouraging the development, in collaboration with the school council, of a school policy on head lice
- encouraging children to learn about head lice so as to help remove any stigma or bullying associated with the issue (See the resources section of [www.health.vic.gov.au/headlice](http://www.health.vic.gov.au/headlice))

Most schools will have pupils with head lice at any one time. With this in mind, a school could, theoretically, send out an 'alert' letter every day of the school year. However, these 'alarmist' letters often make the usual background level of infection into a pseudo-outbreak, creating a perception amongst parents that the school is riddled with lice.

***Hints for the development of a school or kindergarten head lice policy:***

- encouraging the school or centre to have an informed head lice resource/support person (parent or staff member) who parents can contact either at the school or centre during a nominated time
- request and encourage parents not to send their child/ren to school or childcare with untreated head lice
- consider making a school policy which requests children with long hair to tie it back whilst at school. Tying back hair does not prevent head lice but it does help stop the spread
- consider having a loan system in place for the more effective but expensive head lice combs to be loaned to families unable to afford them; (See DHS pamphlet for comb description)
- if the school or centre wants to have an inspection program incorporate the program as part the school or centre policy including the provision for parental consent (see resources section of website)
- to help reduce the stigma and maintain confidentiality when conducting head lice inspections a letter should be given to all the children involved
- prepare a standard 'agreement' which parents sign when their child is commencing at the school. The agreement should outline parental responsibilities/expectations (check hair weekly, notify school and parents of child's friends, commence appropriate treatment when live lice found) and school responsibilities/expectations (treat all families with respect and dignity, only exclude children with live lice, accept parents' assurance that treatment has commenced, include head lice information in school newsletters, parent & staff information sessions, endorse management practices consistent with DHS recommendations) in regard to head lice management
- if the school or centre is concerned about how to determine if treatment has started consider using a detachable slip at the bottom of the letter sent to parents asking them to nominate the treatment started.

## Local Government

The responsibilities of the staff in local government include:

- providing accurate information regarding the Health (Infectious Diseases) Regulations 2001 to all involved stakeholders including; schools, hairdressers, child care centres and the general public
- disseminating up-to-date and accurate and sourced information provided by DHS.

Local Government's role in the development of head lice management framework can include:

- support and remain consistent with the DHS policy on the management and treatment of head lice;
- state the council's policy regarding head lice is in either the council's policy documents or the municipal public health plan; *(It is helpful for people outside the council to be aware of the extent of the council's involvement with head lice. That is, if the council's only involvement is to disseminate information, then that should be included);*
- be aware of and liaising with other resource people within the municipality;
- be aware the Health (Infectious Diseases) Regulations 2001 do not require a person with head lice to obtain a clearance certificate prior to returning to school or work; and
- provide professional development and in-service training, on head lice management, to local government employees including family day care workers, maternal and child health nurses, council reception staff and EHOs (see the resources section of [www.health.vic.gov.au/headlice](http://www.health.vic.gov.au/headlice));

### **Hints for the development of Local Government head lice policy**

- consider selling quality combs (such as the type recommended in the DHS pamphlet) at cost price
- consider developing the capacity to provide one to one care for families experiencing particular difficulties with head lice treatment and management
- consider selling a range of head lice products at cost price
- keep in touch with local schools, child care centres on a regular basis to reinforce head lice management principles
- consider guidelines for obtaining parental consent in the development of a council head lice inspection policy
- consider disseminating information about the council's involvement with head lice management to schools and children's services centres within the municipality.

## Pharmaceutical society and pharmacists

Pharmacists acknowledge the key role they have in disseminating accurate, evidence based information regarding the treatment of head lice.

Their responsibilities include:

- being aware of and promoting the current DHS guidelines regarding head lice treatment including the recognition of insecticide resistance
- liaising with product manufacturers and sales staff to ensure promotional material provided is reflective of and consistent with the current management guidelines
- supporting and educating families who are experiencing difficulty treating head lice (shared with all agencies)
- staff being aware of and liaising with, other community based resource staff
- providing regular updates and support to the workforce through professional networks
- having head lice management as part of work based education and training.

## **Divisions of General Practice and general practitioners**

Divisions of General Practice, practitioners and practice nurses will provide information to the community on treatment and detection options:

- be aware that the Health (Infectious Diseases) Regulations 2001 do not require a person with head lice to obtain a clearance certificate prior to returning to school or work
- enhance their capacity to provide added support and assistance to families regarding the control of head lice
- have an awareness of community services and resources that are appropriate to refer families, who are experiencing particular difficulties to
- only prescribe or recommend treatment when a positive identification of active head lice has been made
- support and remain consistent with DHS policy on the management and treatment of head lice.

**Head lice can be controlled – it takes a consistent systematic community based approach.**