

Head Lice

POLICY

Purpose

Pediculosis or 'head lice' are small, wingless insects that live, breed and feed on the human scalp. They cannot transmit any infectious diseases. Direct contact is required for transmission from person to person, where head lice crawl from head to head.

The following advice is provided to help prevent and control the transmission of head lice in schools.

Schools have an important role to play in supporting the control and prevention of head lice through:

- Excluding infected students from school until the day after treatment has commenced.
- Obtaining informed written consent of parents/carers prior to students being inspected for head lice

Note: Primary responsibility for the control of infectious diseases, including head lice, lies with individuals, families and public health experts. While parents have the main responsibility for the detection and treatment of head lice, schools can assist with controlling and preventing the spread of head lice in a consistent and coordinated manner.

Control of head lice in schools

The following outlines the actions schools are required to implement to control the transmission of head lice.

Exclusion from school

When a student is identified with **live** head lice schools must:

- At the end of the school day, provide the student with a note to take home to inform their parent/carer that their child may have head lice. The student can return to school once treatment has commenced (i.e. most likely the next day).
- Exclude the student from school until after treatment has commenced, as set out in the Public Health and Wellbeing Regulations 2009, School Exclusion Table, see: [School Exclusion Table](#)

Note: The Department of Health and Human Services indicates at any one time there are likely to be cases of head lice in most schools, so it is not advocated that the principal informs the whole school community each time head lice are detected.

Visual head lice checks in schools

There is no requirement for schools to undertake head lice inspection programs. However, if schools wish to do so, they can conduct checks via:

- visual checks only without physical contact, which:
- do not require parent/guardian consent
- are made by people authorised by the principal, e.g. classroom teachers.
- head lice inspections involving the physical examination of a student:
- are made by people authorised by the principal council e.g. teacher
- require written parental consent, usually obtained at enrolment.

Parent consent:

- should be obtained prior to commencing any physical examination of a student
- should be provided to parents/carers for completion as part of enrolment
- must be updated when guardianship or custody arrangements change for the student
- must be updated parents/carers no longer wish to consent to inspections.

Prevention of head lice in schools

Although responsibility for detecting and treating head lice rests with parents, it is important that practical advice and support be available.

Schools are encouraged to work collaboratively with parents and the broader school community to implement practices and procedures to prevent and minimise the impact of head lice outbreaks.

The table below shows other strategies schools can implement to prevent the transmission of head lice:

Strategy	Details
Leadership and commitment	Schools should: Take a whole school approach to prevention of head lice, based on evidence-based information from the Department of Health and Human Services, see Other resources below Ensure the whole school community is aware of and understands this

	policy.
Healthy physical environment	<p>Head lice do not live or breed on furniture, carpets, clothes or soft toys and cannot be spread through sharing items of clothing i.e. hats.</p> <p>Schools however should:</p> <ul style="list-style-type: none"> • encourage parents to tie their child's hair back if it is long, and • implement learning activities that minimise head-to-head contact during head lice outbreaks.
Healthy culture	<p>Exercise sensitivity towards this issue, maintain student confidentiality and help reduce stigma (e.g. provide a letter to all students involved in inspections, not just those found to have head lice).</p> <p>Maintain a sympathetic attitude and avoid stigmatising or blaming families who are finding it hard to control head lice.</p>
Student teaching and learning	<p>Incorporate learning activities focused on prevention of head lice into the curriculum</p> <p>Encourage children to learn about head lice to help remove any stigma or bullying associated with the issue.</p>
Supported staff and educators	<p>Consider families, students and staff as key partners in developing and supporting health lice prevention initiatives:</p> <p>Provide general information regarding head lice in the school prospectus, school newsletter, or on the school website for parent reference.</p>
Community partnerships	<p>Work with local health professionals, services and other organisations to increase their capacity to deliver and promote head lice prevention initiatives:</p> <p>Access community educational resources and support such as community</p>

	health centres or local government.
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Parent/carer detection and treatment responsibilities

Parents and carers have the primary responsibility for the detection and treatment of head lice.

Responsibilities include:

- not sending their children to school with untreated head lice
- using safe treatment practices which do not place their child's health at risk
- regularly checking for lice or eggs in the hair of their child and other household members
- notifying the school:
- if their child is affected
- when treatment commenced.

Related legislation

- Health (Infectious Diseases) Regulations 2001

Resources

For more information about head lice recognition and treatment see:

- Department of Health and Human Services: [Scratching for Answers](#)
- Better Health Channel: [Head Lice \(nits\)](#)

This policy was last ratified by School Council in....

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