



# HEAD LICE POLICY

Head lice continue to cause concern and frustration for families, Educators and children. Although head lice are not considered a health hazard and do not spread disease, infestations can cause anxiety for all stakeholders. Head lice affect all socioeconomic groups and are not a sign of poor hygiene. They have no preference for ethnic background, hair colour, hair type or age. This policy is intended to outline roles, responsibilities and expectations of the Service to assist with early identification, treatment and control of head lice in a consistent and co-ordinated manner.

Whilst families have the primary responsibility for the detection and treatment of head lice, our Service will work in a cooperative and collaborative manner to assist all families to manage head lice effectively.

## NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

## EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

92	Medication record
93	Administration of medication

99	Children leaving the education and care service
102	Authorisation for excursions
160	Child enrolment records to be kept by approved provider
161	Authorisation to be kept in enrolment record
168	Education and care services must have policies and procedures

## EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW NSW	
88	Infectious Diseases

## RELATED POLICIES

Health and Safety Policy Privacy & Confidentiality Policy	Respect for Children Work Health and Safety Policy
--	---

## PURPOSE

To ensure parents, teachers, staff, educators and healthcare workers are well informed about the early identification of head lice and managing infestations through effective treatment and communication with families.

### Our Service aims to

- Outline the roles and responsibilities of families, educators and management who are involved in early detection, treatment, and control of head lice.
- Document effective treatment and management strategies.
- Provide information and support for families.

## SCOPE

This policy applies to children, families, staff, management, and visitors of the Service.

## HEAD LICE

*Pediculus Capitis* or head lice are insects that live in hair and suck blood from the scalp, usually causing itching of the scalp. Female head lice lay their eggs and glue them to the base of hair shafts. The eggs are pale cream to yellowish brown in colour and hatch after 7–10 days. The immature lice grow into adults over 6–10 days and start biting the scalp to feed on blood. Adult lice mate, the females lay more eggs, and the cycle continues.

People get head lice from direct head to head contact with another person who has head lice. This can happen when people play, cuddle, or work closely together. Head lice do not have wings or jumping legs so they cannot fly or jump from head to head. They can only crawl.

Head lice do not live or breed on animals, bedding, furniture, carpets, clothes, or soft toys. They cannot spread by sharing hats.

*Head lice can be controlled through a consistent, systematic community approach.*

### Finding Head lice

Head lice do not necessarily cause an itch, and may be difficult to observe. Look for eggs by shining a strong light on the hair near the scalp, or by using the conditioner and combing technique (See Treatment). Head lice are found on the hair shaft itself and move to the scalp to feed. They can be brown or grey in colour. Head lice have six legs, which end in a claw, and they rarely fall from the head. Louse eggs (also called nits) are laid within 1.5cm of the scalp and are firmly attached to the hair. They resemble dandruff, but can't be brushed off.

## IMPLEMENTATION

### Responsibilities of Management, Nominated Supervisor, Responsible Persons and Educators:

- If one child at the Service has head lice, it is likely that several others also have them.
- The child or children with head lice are not to be isolated or excluded from learning.
- Reduce head-to-head contact between all children when the Service is aware that someone has head lice.
- The Director or nominated supervisor will confidentially notify the parent/caregiver of a child who is suspected of having live head lice and request that the child is treated before returning to the Service the following day.
- Keep families informed if there is someone at the Service with head lice.

- Support parents and children who have head lice by providing factual information, reducing parental anxiety and not singling out individual children with head lice.
- Provide families with suggestions of effective treatment for head lice.
- Encourage parents to tie back children's hair when attending the Service.
- Record all cases confidentially so an outbreak can be avoided or minimised.
- Encourage children to learn about head lice so as to help them understand the issue and how to prevent further outbreaks.

### Responsibilities of families

- Check your child's head once a week for head lice.
- Notify the Service immediately if head lice are found on your child's head.
- Ensure your child does not attend the Service with untreated head lice. If you find any live lice or eggs, begin treatment immediately and notify the Service if your child is affected so the Service can monitor the number of cases and act responsibly.
- Check for effectiveness of the treatment every 2 days until no live lice are found for 10 consecutive days. Remove eggs from your child's hair using the conditioner method and head lice comb.
- Once treatment has started, your child can attend the Service.
- Children with long hair will attend the Service with their hair tied back.
- Families will only use safe and recommended practices to treat head lice.
- Families will maintain a sympathetic attitude and avoid defaming/blaming families who are experiencing difficulty with control measures.

### TREATMENT

- Conditioner and Combing Technique
  1. Untangle dry hair with an ordinary comb.
  2. Apply hair conditioner to dry hair (white conditioner makes it easier to see the eggs). Use enough conditioner to cover the whole scalp and all the hair from roots to tips.
  3. Use an ordinary comb to evenly distribute the conditioner, and divide the hair into four or more sections using hair clips.
  4. Starting with a section at the back of the head, place the teeth of a head lice comb flat against the scalp. Comb the hair from the roots through to the tips.
  5. Wipe the comb clean on a tissue after each stroke and check for head lice or eggs on the tissue.

6. Comb each section twice until you have combed the whole head. If the comb becomes clogged, use an old toothbrush, dental floss or a safety pin to remove the head lice or eggs.

- Chemical treatments are also available for head lice for children aged over six months—your pharmacist can help you choose a product.
- No single chemical treatment will work for everyone and lice can develop resistance to the chemicals.

#### VICTORIA (VIC)

- Victoria State Govt. Health Vic.
- <https://www2.health.vic.gov.au/public-health/infectious-diseases/head-lice>

#### SOURCE

Australian Children’s Education & Care Quality Authority. (2014).

Early Childhood Australia Code of Ethics. (2016).

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Standard. (2017).

Revised National Quality Standard. (2018).

#### REVIEW

POLICY REVIEWED	JULY 2019	NEXT REVIEW DATE	JULY 2020
MODIFICATIONS	<ul style="list-style-type: none"> <li>• Grammar and punctuation edited.</li> <li>• Additional information added to points.</li> <li>• References checked.</li> <li>• Sources checked for currency.</li> <li>• Information checked</li> <li>• New sources added.</li> <li>• Jurisdiction table removed – only 2 states with info and both of these are now unavailable.</li> </ul>		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JULY 2018	<ul style="list-style-type: none"> <li>• Minor changes made to comply with changes to the Education and Care National Regulations.</li> <li>• Added related policy section</li> </ul>	JULY 2019	
OCTOBER 2017	<ul style="list-style-type: none"> <li>• Updated the National Quality Standard references to comply with revised standard</li> </ul>	JULY 2019	
JULY 2017	<ul style="list-style-type: none"> <li>• Minor terminology changes made – see yellow highlights</li> </ul>	JULY 2019	