

Yankalilla Community Children's Centre

HEAD LICE POLICY

Head lice can infect a person of any age, sex, race and socioeconomic status, but they are most frequently identified in children because children are more likely to have close personal contact, providing the opportunity for head lice to transfer from head to head.

Yankalilla Community Children's Centre (YCCC) will support the control and prevention of transmission of head lice by:

- providing information to parents about head lice and the importance of regular screening, detecting head lice and nits as early as possible and removing them safely and effectively
- Supporting parents with practical advice, fact sheets on treatment strategies - particularly those families experiencing difficulties with control measures
- Offering activities/experiences that minimise head to head contact during head lice outbreaks.
- Discouraging the sharing of clothing / hats
- Encouraging staff to regularly check their own hair for head lice.
- Obtaining permission from parents at enrolment to perform a head lice check on their child

If staff detect or suspect head lice in a child, they should:

- Sensitively remove the child from the group and check for headlice
- If headlice are detected, reduce direct head to head contact with others - the child need not be isolated.
- Contact the child's parent / emergency contact person to arrange for the child to be collected and treated as soon as possible. NB: If necessary, the child can stay until the end of the day.
- Offer the parent of the infested child information about head lice treatments
- Inform the parent that their child can return to the YCCC as soon as effective headlice treatment has started
- Remind the parent to check the effectiveness of the treatment every two days until no lice are found for 10 consecutive days.
- Advise parents of children in the same group as the child identified with head lice (ie preschool, over 2's, under 2's - or all groups if applicable) that they should check their child's hair daily for at least the next three weeks.
- Advise all families via a note on the reception door that a case of headlice has been detected at the centre. NB: When three or more cases are detected the following note will be distributed to all families via their child's message pocket. (see attachment 1)

Prevention of new outbreaks:

- remind parents of the importance of checking their child's hair often, detecting headlice and nits as early as possible, removing them and continuing to check their child's hair as part of their routine hygiene.
- The Director will request confirmation from the child's general practitioner that effective treatment of head lice has occurred prior to the child returning to YCCC if there has been ongoing infestation with an individual child and staff are concerned that treatment is ineffective or that the child's wellbeing is at risk. NB: This should also only occur after all efforts have been made to support the family.

SA Department of Health (2005) *Healthy Heads without headlice: Management guidelines for the control of headlice in South Australia*

CareforKids.com.au (2011) *Scratching your head over head lice?*

National Health and Medical Research Council. (2012). *Staying healthy in child care: Preventing infectious diseases in childcare*. (5th ed.).

SA Health. *Headlice management guidelines for schools*. Last updated 17th February 2017 from www.sahealth.sa.gov.au

Adopted: June 2004

Last Reviewed: August 2017

To be reviewed: November 2019

Attachment 1

I wish to advise all parents that a case of headlice was detected at the Centre today.

It is recommended that parents do regular headlice checks on all members of their family – especially at this time. It is important to remember that headlice has nothing to do with cleanliness. Anyone, adult or child can get headlice. Information on the effective treatment of headlice can be obtained from Centre staff or your local pharmacy.

Headlice : are small light brown insects approx 2 -3 mm long. They live on human heads and feed on human blood. They cannot fly, jump or hop.

Nits: Are headlice eggs. They are small, hard and yellow-white in colour. They stick on hair near the scalp and hatch into headlice after 7 -10 days.

Symptoms: Excessive itching of the scalp, small red dots behind the ears and the nape of the neck, tiny black spots on pillows. Adult headlice can be hard to see. Nits are easier to see and can be found glued to the base of the hair shaft or on the scalp.

Headlice are spread mainly by head to head contact. In rare cases, headlice may also be transmitted through shared items such as hats, combs etc which have recently been in contact with infested hair.

Headlice Cycle: 3 weeks

Exclusion: Children can return to the centre as soon as the headlice have been treated.