St Martin and St Mary C of E Primary School

HEAD LICE POLICY

Approved by[1]	
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Position:	Head teacher
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Review date[2]:	March 2029 (F, H & S)

REVIEW SHEET

Each entry in the table below summarises the changes to this policy and procedures made since the last review (if any).

Version Number	Version Description	Date of Revision
1	Original	March 2022
2	Updates	March 2023
3	Review – changes highlighted in yellow	26/02/2026

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Our School Vision and Values

As a Christian school, St Martin and St Mary is an inclusive and happy community; nurturing confidence, a thirst for learning and resilience in a safe loving environment. Our priority is developing the whole child spiritually, emotionally, physically and academically to live the most rewarding life.

'Life in all its fullness' John 10.10

Our school values are at the core of everything we do. They underpin our teaching and learning, and provide an environment which prepares our pupils as confident, happy citizens. The aim of this school is to provide a rich, broad and balanced education within a caring and stimulating Christian environment, serving the whole school community. To create an environment in which learners are encouraged to fulfil their potential and make a positive contribution to their society.

At St Martin and St Mary these are the Christian values that are the most important for our school. These values help make our school a great place to be.

Friendship Love Forgiveness Trust Honesty Faith

Statement of intent

This policy is designed to assist the school community with treatment and prevention of head lice. Parents will be informed about this policy and able to access it on our website.

1. Aims

This policy aims to:

Ensure the effective management of head lice outbreaks at St Martin and St Mary C of E Primary School
Inform pupils, parents and staff members about head lice, their prevention and treatment.
Ensure members of the school community are aware of their respective roles and responsibilities with regard to head lice.
Raise awareness and understanding about head lice.
Ensure that all members of the school community have access to accurate and thorough information and advice regarding head lice.

2. Introduction and facts

Head lice are tiny insects which live in human hair and feed off their host by biting the scalp and sucking blood.

The female louse lays eggs close to the scalp where they are better insulated. These eggs are more commonly known as nits and are small whitish-grey eggs which range in size from a pinhead, when first hatched, to around the size of a sesame seed once fully grown.

Once nits hatch, they can spread to other peoples' heads through head-to-head contact, whereby they simply crawl from one head to the other.

Lice cannot swim, fly or jump and so must be transferred through direct contact or shared items such as hairbrushes. Other shared items, such as coats, headphones and soft toys etc., cannot spread lice, as lice which involuntarily fall from the hair are usually dying and therefore harmless.

3. Symptoms

The most common symptom of head lice is itching. This is caused by an allergic reaction of the scalp to the lice, rather than the lice biting. Not every child is allergic to head lice however, so some children may not experience this symptom.

Another symptom is a rash which can develop on the back of the child's neck. This can be caused through a reaction to lice droppings, or excessive itching. Please note that, regardless of the symptoms, it is possible for these to have developed weeks or even months after the child first catches lice.

4. Detection, treatment and prevention

4.1. Detection

- Head lice can generally be detected by combing wet, well-conditioned hair with a fine-tooth comb (i.e. tooth spacing of 0.2-0.3mm). This will often dislodge nits and lice from the hair and these will be visible on the comb following brushing.
- Lice and nits are generally found close to the scalp, including the nape of the neck. These areas should therefore be concentrated on when brushing.
- If hair is only damp, or completely dry, lice are able to move away from the disturbance of a comb and therefore may remain undetected.
- To confirm an active lice infestation, a head louse must be found. The presence of 'nits' alone is generally insufficient to determine that the child's hair is infected. This is because empty eggs often look similar to unhatched eggs and can remain stuck to hairs for a long time after the infestation has been successfully treated.

4.2. Treatment

There are generally two methods used to treat head lice: wet combing and lotion based treatment.

- **Wet combing:**

- Wash and thoroughly condition the hair, without rinsing.
- Use a wide-tooth comb to untangle the hair. Once this moves freely through the hair without dragging, begin using the louse detection comb.
- Using a special, fine tooth comb (with a tooth spacing of 0.2-0.3mm), slot the comb's teeth into the hair at the roots, the bevel-edge of the teeth should be touching the scalp but not with sufficient pressure to cause pain.
- Draw the comb to the ends of the hair with each stroke, checking the comb for lice after each stroke and removing any lice or nits by wiping or rinsing the comb.
- Repeat the process, working methodically through the hair, section by section.
- Rinse out the conditioner and then repeat the procedure.
- This should be repeated every 3 days for at least 15 days. By doing so, you ensure young lice are detected before they reach maturity and lay eggs of their own.
- It is very important that the process is done thoroughly. Leaving even a single louse can lead to a new infection.

- **Lotions and sprays:**

- Like wet combing, this method needs to be done thoroughly and correctly in order to be effective at treating head lice.
- Lotions and sprays are more effective for treating living head lice, so are recommended instead of crème rinses and shampoos.
- Enough lotion/spray should be purchased to treat every member of the household affected by lice.
- Follow the instructions which come with the product, some products may need to be left on for 10 minutes, and others up to eight hours.
- These treatments should be used with caution by infants, pregnant women, breastfeeding mothers and anyone with asthma, eczema or other allergies.
- Generally treatment must be repeated every 10-12 days.

4.3. Prevention

- Parents should be aware of and able to access this policy.
- If an outbreak of lice occurs, St Martin and St Mary C of E Primary School will inform parents through a text message, informing them of the issue and including relevant information from this policy regarding treatment. This correspondence should request that all parents are vigilant about checking and treating their children's head lice.
- Teachers and other school staff should avoid direct head-to-head contact with pupils to prevent themselves becoming infected.
- News letters should also be sent out regularly, to remind parents of the need to be vigilant and to check their children's hair regularly.
- Pupils should be reminded not to share hairbrushes.
- It is not necessary for pupils to take time off school because they have head lice (unless other medical complications arise), however, should parents discover their child has head lice, the school should be informed, either by telling the child's teacher or another member of staff or the school office. This means that reminders can be given in class about the importance of avoiding head-to-head contact and text messages can be sent out to all parents if this is considered necessary. No pupils will be named either in class or on any communications.