



Headlice Prevention Policy

Agreed by the Governing Board on 16th October 2025

Policy will be reviewed annually October 2026

1. Introduction

Headlice are a common community issue affecting both children and adults. Anyone can catch headlice regardless of hygiene or hair length. While not a health risk, headlice can cause inconvenience and anxiety for families. Effective management relies on cooperation between school, parents/carers, and health professionals.

This policy outlines Nateby Primary School's approach to prevention, detection and treatment of headlice, ensuring clear, consistent information for everyone in our community.

2. Aims and Objectives

- To establish a clear and consistent procedure for managing confirmed cases of headlice.
- To provide accurate information to reduce stigma and misconceptions.
- To promote awareness of effective detection and treatment methods.
- To clarify the responsibilities of parents/carers, school staff and health professionals.

3. Headlice – Key Facts

- Headlice are tiny insects that live on the scalp and feed on human blood.
- They spread **only through direct head-to-head contact**. They **cannot** jump, fly or survive long off the head.
- Itching may take weeks to appear; regular checks are essential.
- Nits (eggs) visible on the hair do **not** always indicate an active infection—only **live lice** confirm it.
- Headlice affect clean and dirty hair equally.

4. Prevention and Early Detection

Routine school-based head inspections are no longer recommended, as evidence shows they do not prevent or control infection.

Parents/carers are encouraged to:

- Brush and comb children's hair daily.
- Avoid sharing hairbrushes, hats or accessories.
- Carry out **weekly detection combing** using a fine-toothed comb on wet, conditioned hair.
- Check all close contacts (family members, playmates) when headlice are found.

Signs to look for include:

- Live lice in the hair
- Black specks (faecal matter) on pillows or collars
- Persistent itching or scratching

5. Treatment

Treatment should only be carried out **when live lice are found**.

Parents/carers should:

- Use a recommended headlice treatment product following the manufacturer's instructions.
- Treat only affected individuals—do not treat preventatively.
- Repeat treatment as instructed (usually after 7–14 days).
- Continue detection combing after treatment to ensure all lice are removed.

Pharmacists, school nurses and GPs can confirm suspected lice and advise on suitable products, especially for young children or those with asthma or allergies.

Wet Combing Method

While not the preferred NHS recommendation, some families may choose wet combing as an alternative treatment. This involves:

- Washing and conditioning hair
- Combing thoroughly with a fine-tooth comb (0.2mm spacing)
- Repeating every 3–4 days for at least two weeks

6. Contact Tracing

The most common cause of repeat infection is re-exposure from close contacts. Families are responsible for informing relatives, close friends and others who may have had head-to-head contact, so they can check and treat if necessary.

Contact tracing is **not** the responsibility of the school.

7. Responsibilities

School Responsibilities

- Provide up-to-date information on prevention, detection and treatment.
- Maintain a consistent approach to managing cases.
- Issue standard information letters when appropriate.
- Support families seeking guidance.

Parent/Carer Responsibilities

- Carry out regular detection combing (at least weekly).
- Ensure long hair is tied back in line with school uniform and health policies.
- Inform the school promptly if their child has a confirmed case.

- Complete treatment fully and check all family members.
- Avoid using treatments as a preventative measure.

School Nurse Responsibilities

- Provide guidance and support to families and school staff.
- Offer information during induction and when concerns arise.
- Assist with persistent or recurrent cases where additional support is needed.

8. School Response to Detection of Headlice

If headlice are found on a pupil:

- The child **remains in school for the rest of the day.**
- Parents/carers will be contacted and asked to begin treatment that evening.
- A child will not be excluded from school unless they are distressed or experiencing discomfort.
- The school will assess whether to issue a general alert letter to a class/year group.
- Persistent cases will be referred to the school nurse for additional support.

9. Preventative Measures in School

To help reduce spread:

- Children with hair longer than shoulder length must have it **tied back** using suitable accessories.
- Staff will encourage children to avoid direct head-to-head contact during play as far as practical.
- The school will regularly remind families about headlice awareness via newsletters, the school website and parent communications.