

# Wye Forest Federation

Redbrook Church of England Primary School

St Briavels Parochial Church of England Primary School



## Management of Head Lice Policy

This policy was agreed by the Full Governing Body on: (and supersedes all previous policies relating to this area)	12.3.2026
Implemented:	March 2026
Revised	
Review date:	March 2029

To be read in conjunction with:

- i) NHS – <https://www.nhs.uk/conditions/head-lice-and-nits/>
- ii) Public Health Agency – <https://www.gov.uk/guidance/head-lice-pediculosis>

## 1. Purpose

The purpose of this policy is to ensure a consistent, sensitive, and effective approach to the prevention, identification, and management of head lice within the school community. Head lice are common among primary school children and do not reflect poor hygiene. This policy aims to minimise disruption to learning while supporting families in managing infestations.

## 2. Definition

Head lice are tiny insects about the size of a sesame seed. They move from one person to another by head-to-head (hair-to-hair) contact. They cannot jump to another person's head. Head lice lay eggs which hatch after 7-10 days. It takes about 10 days for a recently hatched louse to grow into an adult and start to lay egg Nits are the empty white egg shells which are left when the lice hatch. Nits look like dandruff but stick strongly to hair. Unlike dandruff, you cannot easily brush out nits.

## 3. Principles

The school will:

- Treat head lice as a community issue rather than an individual problem.
- Handle cases sensitively and confidentially.
- Provide accurate information to parents and carers.
- Avoid unnecessary exclusion from school.

Children with head lice should not be excluded from school, but treatment should begin as soon as possible.

## 4. Responsibilities

School Staff

School staff will:

- Follow NHS and Government guidance in the management of head lice, keeping up to date with current policy.
- Promote the prevention of head lice through discouraging the sharing of personal items and asking that long hair is tied back (see uniform policy).
- Be alert to signs of possible head lice (frequent scratching, visible lice).
- Discreetly inform parents or carers where a case has been detected, normally by telephone before the end of the school day.
- Notify all parents promptly when a case of head lice is reported within a class.
- Offer individual support on a case-by-case basis where reinfestation occurs.
- Provide guidance or signpost reliable health information termly and on the school website.
- Send reminders to the class community if multiple cases occur.

Staff will not carry out head checks on children as mass screening of all pupils in a classroom and/or school does not control the spread of head lice.

## **Parents**

Parents and carers are responsible for:

- Routinely checking their child's head for head lice using a detection comb.
- Beginning treatment promptly if lice are found.
- Informing the school if their child has head lice so that other families can be notified.
- Completing the recommended treatment cycle.

## **Pupils**

Pupils will be encouraged to:

- Avoid direct head-to-head contact during play where possible.
- Understand that head lice are common and not something to be embarrassed about.

## **6. Treatment Guidance**

Parents and carers should follow recommended treatment guidance, which may include:

- Wet combing method using conditioner and a detection comb every few days for two weeks.
- Medicated treatments from a pharmacy if preferred or recommended.
- Frequent rechecking after an episode of headlice to ensure all eggs and lice have been cleared.

All household members should be checked and treated on the same day.

Further up to date guidance can be obtained from the NHS and/ or the school website

## **8. Preventative Measures**

The school will:

- Promote awareness through newsletters.
- Encourage regular hair checks at home.
- Remind parents that tying long hair back may help reduce transmission.

## **9. Monitoring and Review**

This policy will be reviewed every two years or sooner if public health guidance changes.