VERMONT PRIMARY SCHOOL AND KINDERGARTEN

HEAD LICE POLICY



RATIONALE

Head lice affect approximately a quarter of a million children in Australia and New Zealand each year. Undetected and untreated head lice cases may cause the head lice to spread to other students.

AIMS

- To educate our school community about head lice and head lice treatment.
- To reduce the number of students at Vermont Primary School and Kindergarten exposed to head lice.
- To implement preventative measures to monitor and reduce the incidence of head lice in the school community.

IMPLEMENTATION

Parent/guardian consent

- A pro forma consent form will be provided in the Vermont Primary School and Kindergarten Enrolment Package to obtain parent/guardian consent to head lice inspections.
- It will be updated when guardianship or custody arrangements change for the student or the parents/guardians no longer wish to consent to inspections.
- It applies for the duration the child is at the school.
- Consent is recorded in Cases by the Enrolment Officer.

Visual headlice checks

- Head lice have been found in most schools.
- State Registered Nurses or parents, approved by School Council, will conduct head inspections as requested
 by the Principal to families that have provided consent. Inspection times and dates to be at the discretion of
 the Principal.
- Checks for head lice occur via:
 - 1. visual checks without physical contact:
 - 1.1. do not require parent/guardian consent
 - 1.2. are made by people authorised by the principal, e.g. school nurse
 - 2. head lice inspections involving the examination of a student:
 - 2.1. require written parental consent, usually obtained at enrolment
 - 2.2. are made by people authorised by the principal and school council e.g. school nurse

Exclusion of students

- Students identified with live head lice should be:
 - o provided with a note to take home to inform the parent/carer that their child may have head lice at the conclusion of the school day.
 - o excluded from school until the day after treatment has commenced, as set out in the *Public Health* (Infectious Diseases) and Wellbeing Regulations 2019, School Exclusion Table.

Note 1: Principal has the overall responsibility to exclude a student from school.

Note 2: The presence of eggs in the hair is not a cause for exclusion. There is no requirement for a general practitioner or local council to issue a clearance certificate in order for the child to return to school.

Detection and treatment responsibilities

- Parents/guardians have primary responsibility for detection and treatment of head lice.
- Parents/guardians should:
 - o regularly, preferably once a week, check for lice or eggs in the hair of:
 - their child
 - all household members
 - notify the school:
 - if their child is affected
 - not send their children to school with untreated head lice.
 - when treatment commenced, after the school has been notified, in writing, that treatment has begun, the student may return to school.
- Vermont Primary School and Kindergarten will:
 - o exercise sensitivity towards students and families with head lice.
 - o maintain student confidentiality to avoid stigmatisation.
 - o support and provide practical treatment advice to parents/guardians.
 - Shoulder length hair must be tied back according to school rules.
 - NO hats are to be shared or spare hats to be given to students to wear.
- The Principal will:
 - alert parents/guardians of an infestation, particularly the parents of other students in the same class as the affected child/children
 - o use discretion about informing the school community about an infestation.

Note: The Department of Human Services indicates at any one time there are likely to be cases of head lice in most schools, so it is not advocated that the principal informs the whole school community each time head lice are detected.

EVALUATION

Success will be measured by minimal cases of head lice identified. Review of procedures will ensure that head lice outbreaks are kept to a minimum, and that parents are informed of changes and developments in treatments and procedures.