

Quality Area 2: Children's Health and Safety

Head Lice



Introduction

Head lice continue to cause concern and frustration for families, educators and children. Although head lice are not considered a health hazard, and do not spread disease, infestations can cause anxiety for all stakeholders. Head lice affect all socioeconomic groups and are not a sign of poor hygiene. They have no preference for ethnic background, hair colour, hair type or age. This policy is intended to outline roles, responsibilities and expectations of the Service to assist with early identification, treatment and control of head lice in a consistent and coordinated manner.

Goals – What are we going to do?

Whilst families have the primary responsibility for the detection and treatment of head lice Kootingal and District Preschool will work in a cooperative and collaborative manner to assist all families to manage head lice effectively.

Ensure parents, staff and educators are well informed about the early identification of head lice and managing infestations through effective treatment and communication with families.

Strategies – To achieve our goals

To ensure the health and comfort of all children and adults at our service, an educator may discreetly and respectfully examine a child's head if they suspect the child has head lice. This will be done in a way which does not embarrass the child or infringe their right to privacy and confidentiality.

If head lice are identified:

- Educators will advise the child's parents or authorised nominees as soon as possible and complete an incident, injury, trauma and illness record.
- Educators will monitor the child during all activities and routine to ensure there is no head-to-head contact with other children eg. through cuddling. Educators will not isolate the child. If educators believe it will be difficult to prevent head-to-head contact, for example because of the child's age or behaviour, parents or authorised nominees will be contacted to collect the child.
- The child must be treated at home before they can return to preschool. Educators will also advise parents to check all family members for head lice.
- The child may return once the head lice treatment has commenced and there are no live lice on the child's head. If live lice are detected either on arrival or during the day, parents will be asked to take their child home. If the child has long hair they will attend with their hair tied back.
- The Nominated Supervisor/Responsible Person will ensure all service families are aware there has been an incidence of head lice at the service by placing a notice at the front door and via email communication.

If a family discovers their child has head lice and we are not yet aware of this situation, families must advise the centre as soon as possible.

Educators, staff and volunteers will not attend the service while live lice are present and will treat the lice.

Roles and Responsibilities

Role	Authority/Responsibility For
Approved Provider/ Nominated Supervisor & Educators	<p>If one child at the Service has head lice, it is likely that several others also have them. To help prevent the spread of head lice our Service will:</p> <ul style="list-style-type: none"> ➤ Remind parents to be vigilant in checking for head lice weekly ➤ Confidentially notify the parent/caregiver of a child who is suspected of having live head lice and request that the child is treated before returning to the Service the following day ➤ Keep families informed if there is someone at the Service with head lice, ensuring confidentiality is not breached by disclosing the child’s name who has head lice. ➤ Reduce head-to-head contact between all children when the Service is aware that someone has head lice ➤ Support parents and children who have head lice by providing factual information, reducing parental anxiety and not singling out individual children with head lice ➤ Ensure that the child or children with head lice are not isolated or excluded from learning ➤ Provide families with suggestions of effective treatment for head lice ➤ Encourage parents to tie back children’s hair when attending the service ➤ Record all cases confidentially so an outbreak can be avoided or minimized ➤ Encourage children to learn about head lice so as to help them understand the issue and how to prevent further outbreaks eg. avoid sharing hairbrushes and hats
Families	<ul style="list-style-type: none"> ➤ Check your child’s head once a week for head lice ➤ Notify the Service immediately if head lice are found on your child’s head ➤ Ensure you check all members of your family if one person has head lice (there is no need to treat the whole family, unless they also have head lice) ➤ Ensure your child does not attend the Service with untreated head lice. If you find any live lice or eggs (nits), begin treatment immediately and notify the Service if your child is affected so the Service can monitor the number of cases and act responsibly. ➤ Check for effectiveness of the treatment every 2 days until no live lice are found for 10 consecutive days. Remove eggs (nits) from your child’s hair using the conditioner method and head lice comb. ➤ Once treatment has started, your child can attend the Service. ➤ If your child has long hair, ensure this is tied back ➤ Only use safe and recommended practices to treat head lice

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| | ➤ Maintain a sympathetic attitude and avoid defaming/blaming families who are experiencing difficulty with control measures. |
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Monitoring, Review and Evaluation

Management and staff will monitor and review the effectiveness of the Head Lice policy regularly. Updated information will be incorporated as needed.

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this policy every 12 months.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with Regulation 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

Links to other policies:

Hygiene and Infection Control

Cleaning and Maintaining the Environment

Dealing with Infectious Diseases

Privacy and Confidentiality

Workplace Health and Safety

Related Legislation:

NQS

Quality Area 2		Children's health and safety
<i>Standard</i>	2.1	<i>Health</i>
<i>Element</i>	2.1.1	Wellbeing and comfort
<i>Element</i>	2.1.2	Health practices and procedures
<i>Standard</i>	2.2	<i>Safety</i>
<i>Element</i>	2.2.1	Supervision
Quality Area 6		Collaborative partnerships with families and communities
<i>Standard</i>	6.1	<i>Supportive relationships with families</i>
<i>Standard</i>	6.2	<i>Collaborative partnerships</i>

National Regulations

Reg	77	Health, hygiene and safe food practices
Reg	88	Infectious diseases
Reg	168	Policies and procedures

Sources:

- Staying Healthy in Child Care 5th Edition 2013.
- Scratching for Answers: www.health.vic.gov.au/headlice/faq.htm
- Department of Health: <http://www.healthywa.wa.gov.au/Healthy-WA/Articles/FI/Head-lice>

Developed: 2016

Reviewed: Nov 18, Apr 22, May 23, Jun 24, Oct 25