

Annette's Place Inc

Head Lice Policy

Head lice continue to cause concern and frustration for families, Educators and children. 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.

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

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

Education and Care Services National Regulations

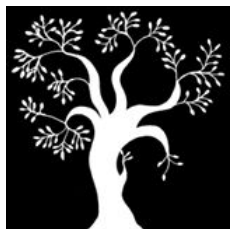
Children (Education and Care Services) National Law NSW	
88	Infectious Diseases

PURPOSE

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

Our Service aims to

- Outline the roles and responsibilities of families, educators and management who are involved in early detection, treatment and control of head lice.
- Document effective treatment and management strategies that are vital, as head lice cannot be exterminated.
- Provide information and support for families.



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SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

Head Lice

Pediculus Capitis or head lice are insects that live in hair and suck blood from the scalp, sometimes causing itching of the scalp. Female head lice lay their eggs and glue them to the base of hair shafts. The eggs are pale cream to yellowish brown in colour and hatch after 7–10 days. The immature lice grow into adults over 6–10 days and start biting the scalp to feed on blood. Adult lice mate, the females lay more eggs, and the cycle continues.

People get head lice from direct head to head contact with another person who has head lice. This can happen when people play, cuddle or work closely together. Head lice do not have wings or jumping legs so they cannot fly or jump from head to head. They can only crawl.

Head lice do not live or breed on animals, bedding, furniture, carpets, clothes or soft toys. They cannot spread by sharing hats.

Head lice can be controlled through a consistent, systematic community approach.

Finding Head lice

Head lice do not necessarily cause an itch, and may be difficult to observe. Head lice are found on the hair shaft itself and move to the scalp to feed. They can be brown or grey in colour. Head lice have six legs, which end in a claw, and they rarely fall from the head. Louse eggs (also called nits) are laid within 1.5cm of the scalp and are firmly attached to the hair. They resemble dandruff, but can't be brushed off.

IMPLEMENTATION

Responsibilities of Management, Nominated Supervisor, Responsible Persons and Educators:

- If one child at the Service has head lice, it is likely that several others also have them.
- Exclude a child from the Service only if live head lice is detected, the child can return one hour after appropriate treatment has occurred.
- 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.



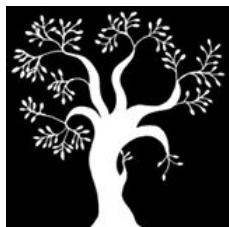
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- Provide families with suggestions of effective treatment for head lice.
- Encourage children to learn about head lice so as to help them understand the issue and how to prevent further outbreaks.

Responsibilities of families

- Check your child's head once a week and check for head lice.
- Ensure your child does not attend the Service with untreated head lice. If you find any live lice or eggs, begin treatment immediately and notify the Service if your child is affected so the Service can monitor the number of cases and act responsibly if a high number of cases are reported.
- If your child is excluded from the service because untreated head lice is detected you may send your child back one hour after effective treatment has occurred.
- Check for effectiveness of the treatment every 2 days until no live lice are found for 10 consecutive days.
- Families will maintain a sympathetic attitude and avoid defaming/blaming families who are experiencing difficulty with control measures.



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Source

- Australian Children's Education & Care Quality Authority
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics
- Guide to the National Quality Standard
- National Privacy Principles
<https://www.oaic.gov.au/privacy-law/privacy-archive/privacy-resources-archive/national-privacy-principles>
- United Nations Convention of the Rights of a child
- Privacy Act 1988
- Staying Healthy in Child Care. 5th Edition
- Head Lice Management Guidelines Fact Sheet
- Child Care Cooperative – Help! I don't know what to do about Head Lice
- Head lice management guidelines- Health.vic.gov.au
- Pregnancybirthbaby.org.au
- Revised National Quality Standard

Review

Policy Reviewed	Modifications	Next Review Date
July 2017	Changes regarding exclusion for children when live head lice are detected. Recommendations for revision of Service's current Head Lice policy.	July 2018
October 2017	Updated the references to comply with the revised National Quality Standards	July 2018
July 2018	No significant changes required	July 2019