

1. Definitions

- 1.1 **Headlice** - Pediculosis or 'head lice' are small, wingless insects that live, breed and feed on the human scalp. They cannot transmit any infectious diseases. Direct contact is required for transmission from person to person, where head lice crawl from head to head.

2. Purpose

- 2.1 To outline and reinforce an effective and consistent approach to the management of head lice infections.

3. Scope

- 3.1 While parents/guardians have primary responsibility for the detection and treatment of head lice, schools also have a role in the management of head lice infections and in providing support for parents/guardians and students.
- 3.2 That all staff and parents/guardians are aware of their responsibility in the detection and management of head lice.

4. Policy

4.1 **Control of head lice in schools:**

- 4.1.1 Schools control the spread of head lice in 2 ways:

- 4.1.1.1 exclusion from school
- 4.1.1.2 visual head lice checks in schools

4.2 **Exclusion from school:**

- 4.2.1 When a student is identified with live head lice schools must:

- 4.2.1.1 At the end of the school day, provide the student with a note to take home to inform their parent/carer that their child may have head lice.
- 4.2.1.2 Exclude the student from school until the day after treatment has commenced, as set out in the Public Health and Wellbeing Regulations 2019, School Exclusion Table — refer to the health.vic website: School Exclusion Table.

- 4.2.2 Principals must:

- 4.2.2.1 alert parents or carers of an infestation, particularly the parents of other students in the same class as the affected child or children
- 4.2.2.2 use discretion to avoid identifying individuals when informing the school community about an infestation
- 4.2.2.3 Note: the Department of Health and Human Services indicates there are likely to be cases of head lice in most schools at any given time, so it is not advocated that the principal informs the whole school community each time head lice are detected.

4.3 **Visual head lice checks in schools**

- 4.3.1 There is no requirement for schools to undertake head lice inspection programs. However, if schools wish to do so, they can conduct checks via visual checks only without physical contact which:
 - 4.3.1.1 do not require parent or carer consent
 - 4.3.1.2 are made by people authorised by the principal, for example, classroom teachers
- 4.3.2 Head lice inspections involving the physical examination of a student:
 - 4.3.2.1 are made by people authorised by the principal for example, teacher
 - 4.3.2.2 require written parental consent, usually obtained at enrolment
- 4.3.3 Parent or carer consent:
 - 4.3.3.1 should be obtained prior to commencing any physical examination of a student
 - 4.3.3.2 should be provided to parents/carers for completion as part of enrolment
 - 4.3.3.3 must be updated when guardianship or custody arrangements change for the student
 - 4.3.3.4 must be updated if parents/carers no longer wish to consent to inspections

4.4 Prevention of head lice in schools

- 4.4.1 Although the responsibility for detecting and treating head lice rests with parents, it is important that practical advice and support be available.
- 4.4.2 Schools are encouraged to work collaboratively with parents and the broader school community to implement practices and procedures to prevent and minimise the impact of head lice outbreaks.
- 4.4.3 Strategies that schools can implement to prevent the transmission of head lice are listed below:

4.5 Leadership and commitment

- 4.5.1 It is considered best practice to:
 - 4.5.1.1 take a whole school approach to prevention of head lice, based on evidence-based information from the Department of Health and Human Services, refer to the Resources tab
 - 4.5.1.2 ensure the whole school community is aware of and understands this policy

4.6 Healthy physical environment

- 4.6.1 Head lice do not live or breed on furniture, carpets, clothes or soft toys and cannot be spread through sharing items of clothing, for example, hats. However, it is best practice for schools to:
 - 4.6.1.1 encourage parents to tie their child's hair back if it is long; and
 - 4.6.1.2 implement learning activities that minimise head-to-head contact during head lice outbreaks

4.7 Healthy culture

- 4.7.1 Schools must:
 - 4.7.1.1 exercise sensitivity towards this issue, maintain student confidentiality and help reduce stigma (for example, provide a letter to all students involved in inspections, not just those found to have head lice)

4.7.1.2 maintain a sympathetic attitude and avoid stigmatising or blaming families who are finding it hard to control head lice

4.8 **Student teaching and learning**

4.8.1 Schools could:

4.8.1.1 incorporate learning activities focused on prevention of head lice into the curriculum

4.8.1.2 encourage children to learn about head lice so as to help remove any stigma or bullying associated with the issue

4.9 **Support staff and educators**

4.9.1 It is best practice to:

4.9.1.1 consider families, students and staff as key partners in developing and supporting lice prevention initiatives

4.9.1.2 provide general information regarding head lice in the school prospectus, school newsletter or on the school website for parent reference

4.10 **Community partnerships**

4.10.1 Schools can:

4.10.1.1 work with local health professionals, services and other organisations to increase their capacity to deliver and promote head lice prevention initiatives

4.10.1.2 access community educational resources and support such as community health centres or local government

4.11 **Parent or carer detection and treatment responsibilities**

4.11.1 Parents and carers have the primary responsibility for the detection and treatment of head lice.

4.11.2 Responsibilities include:

4.11.2.1 not sending their children to school with untreated head lice

4.11.2.2 using safe treatment practices which do not place their child's health at risk

4.11.2.3 regularly checking for lice or eggs in the hair of their child and other household members

4.11.2.4 notifying the school if their child is affected and when treatment commenced

5. Evaluation

5.1 This policy will be reviewed as required as part of the school's regular policy review cycle.