

Warradale Community Children's Centre acknowledges the traditional custodians of the land we live on today and we pay our respects to the Aboriginal and Torres Strait Islander People past, present and emerging.



Head Lice Policy

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. Whilst families have the primary responsibility for the detection and treatment of head lice Warradale Community Children's Centre 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.

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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	
88	Infectious Diseases

Aim:

To ensure families and educators are well informed about the early identification of head lice and managing infestations through effective treatment and communication.

Warradale Community Children's Centre 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.

Pediculosis 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

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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. There are very mixed messages as to whether they can live on hats and bedding or not. At Warradale Community Children's Centre we take the side of caution and do not share 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. Look for eggs by shining a strong light on the hair near the scalp, or by using the conditioner and combing technique. (See Treatment) 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 Leadership and Educators:

- If one child at the centre has head lice, it is likely that several others also have them.
- The child or children with head lice are not to be isolated or excluded from learning.
- Reduce head-to-head contact between all children when the centre is aware that someone has head lice.
- The Director or Responsible Person will confidentially notify the parent/caregiver of a child who is suspected of having live head lice and

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request that the child is treated before returning to the centre the following day.

- Keep families informed if there is someone at the centre with 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.
- Provide families with suggestions of effective treatment for head lice.
- Encourage parents to tie back children's hair when attending the Centre.
- Record confidentially all cases so an outbreak can be avoided.
- Encourage children to learn about head lice so as to help them understand the issue and how to prevent further outbreaks.
- Educators, staff and volunteers who have head lice will not attend the service while live lice are present, and will treat the lice.
- Educators are encouraged to wear their hair pulled back into a upstyle.

Responsibilities of families:

- Check your child's head once a week and check for head lice.
- Ensure your child does not attend the centre with untreated head lice. If you find any live lice or eggs, begin treatment immediately and notify the centre if your child is affected so the centre can monitor the number of cases and act responsibly if a high number of cases are reported.
- Check for effectiveness of the treatment every 2 days until no live lice are found for 10 consecutive days. Remove eggs from your child's hair using the conditioner method and head lice comb.
- Once treatment has started, your child can attend the centre.

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- Children with long hair will attend the centre with their hair tied back.
- Families will only use safe and recommended practices to treat head lice.
- Families will maintain a sympathetic attitude and avoid defaming/blaming families who are experiencing difficulty with control measures.

Treatment:

- Conditioner and Combing Technique
 1. Untangle dry hair with an ordinary comb.
 2. Apply hair conditioner to dry hair (white conditioner makes it easier to see the eggs). Use enough conditioner to cover the whole scalp and all the hair from roots to tips.
 3. Use an ordinary comb to evenly distribute the conditioner, and divide the hair into four or more sections using hair clips.
 4. Starting with a section at the back of the head, place the teeth of a head lice comb flat against the scalp. Comb the hair from the roots through to the tips.
 5. Wipe the comb clean on a tissue after each stroke and check for head lice or eggs on the tissue.
 6. Comb each section twice until you have combed the whole head. If the comb becomes clogged, use an old toothbrush, dental floss or a safety pin to remove the head lice or eggs.
- Chemical treatments are also available for head lice for children ages more than six months—your pharmacist can help you choose a product.
- No single chemical treatment will work for everyone and lice can develop resistance to the chemicals.

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EVALUATION: This policy will be seen to be working effectively when:

Families and educators are seen to be working cooperatively when head lice are present.

Source

- 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
- South Australia:
<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/protecting+public+health/public+health+pest+management/head+lice%2C+management+guidelines+for+schools>
- 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
- DECD <https://www.education.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-support-planning/managing-health-education-and-care/personal-care/head-lice>
- Brompton Children's Centre
- Trikki Kidz

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Record of Policy Adoption and Amendment:

Version	Date	Details	Author	Next Review Date
1.0	1/6/2020	Policy developed	Trish Cook	1/6/2023
1.1	1/6/23	Regulations on top and acknowledgment. Adjustment to format. Added responsibilities of educators.	Michelle and Pamela	1/6/2024
1.2	Sept 2024	No change	Lori Hay	Sept 2025