

HLS-PR-011: Control of Head Lice (Pediculosis) in Schools

Provides a co-operative approach between parents, students and the school, with the assistance of Queensland Health or other local health service providers, to support parents in the detection and treatment of head lice.

Relevant legislation and policy

Legislation and/or regulations

- [Education \(General Provisions\) Regulation 2006](http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/E/EducGenPrR06.pdf)  Part 2 Section 5
<http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/E/EducGenPrR06.pdf>

Related procedures


- [HLS-PR-004: Infection Control and Management of Prescribed Contagious Conditions](/strategic/eppr/health/hlspr004/)

Statement of intent

Education Queensland recognises that the occurrence of head lice is the most common insect infestation in humans throughout the world. Education Queensland acknowledges that although head lice infestation may affect people of any age, nationality, gender or socio-economic status, in Queensland, infestation occurs mainly in children of primary school age. It is seen as much a social issue as a health or educational issue, and the way that it is approached can have significant influence on a student's emotional, social and educational development.

Parents have the prime responsibility for the detection and treatment of head lice on their children.


Schools take into account that the main route of transmission for head lice is head-to-head contact and promote general measures that help in the prevention of infestations.

Students suspected of having live head lice or eggs present in their hair are not removed from class or school. Such students are provided with information to take home to their families and a [letter](#)  requesting immediate treatment be commenced.

Individual schools determine, in consultation with the school community, including the Parents and Citizens ' Association, the level of treatment assistance offered to parents. Advice from Queensland Health is that a whole-school approach is most effective in the management (not the eradication) of head lice within the school community.

Schools discourage the following strategies as they have been shown to be either unnecessary or ineffective (Refer to [international guidelines](#) ):

- Shaving the head or cutting the hair a short length;
- Treatment of inanimate objects such as clothes, furniture, carpets or car interiors;
- Over-use of chemical treatment options by families; and
- Treatment of every member of the household unless every person has evident lice.

School staff will undertake treatment only under exceptional circumstances when the principal has determined it necessary for a student's well-being and educational development. Treatment undertaken at school must have parental approval and be a [Queensland Health recommended treatment](#) .

Care is taken with regard to the provision of school hats during periods of infestation, being mindful of the fact that head lice can only live a short time away from the human head (up to one or two days). Refer to [Queensland Health Fact Sheet](#).

Responsibilities



Principal:

- Facilitate a whole-of-school approach to the management of head lice based on the Head Lice in Primary Schools Kit (which was distributed to every school in Queensland during 2001 and is also published as [Resources for Schools](#) on the Queensland Health website)
- Communicate with the school community the main route of transmission for head lice is head-to-head contact and promote general measures, [proven internationally](#), as helpful in the prevention of infestations including:
 - Discouraging the sharing of brushes and combs;
 - Keeping long hair tidy;
 - Providing information to families about the biology and control of head lice;and
 - Encouraging regular examinations of children's hair by family members.
- Ensure policies are developed whereby the school community may assist with the detection and treatment of head lice amongst students in a number of ways, including:
 - Undertaking agreed, whole-school or whole-class proactive or reactive strategies as per [Queensland Health guidelines](#) (new window). When the presence of head lice at school is suspected, volunteers authorised by the principal may physically check for head lice only under the following conditions:
 - If the parent provides consent;
 - If the child agrees;
 - If infection control guidelines are observed; and
 - If student confidentiality is assured.
 - School staff, or other willing adults authorised by the principal, may visually check (no physical contact) students for head lice providing that sensitivity to student confidentiality is assured;
 - Promoting the Conditioner and Comb method of treatment in regular school newsletter items;
 - Incorporating Head Lice into the school Health and Physical Education Syllabus (Refer to [Lousing About book review](#)) where appropriate;
 - Providing current information on recommended treatment available from Queensland Health, the local pharmacy or doctor to parents as the providers of treatment.
- Distribute school procedures and information on the control, detection and treatment of head lice to parents and staff at the beginning of the school year or more frequently if required;
- Utilise form letters to [alert families](#) that head lice have been found at school that has an 'Action taken at home' tear-off slip attached as well as a [reminder letter](#);
- Inform parents/caregivers of the school's reasonable expectation that:
 - parents will regularly inspect their child's head to detect the presence of lice or lice eggs; and
 - when infestation is suspected, inspect all household members and treat them if required.
- Ensure, if a participative head lice detection and treatment activity is planned for the school or a section of the school, that appropriate consent is obtained from parents/carers and students beforehand;
- Advise parents to be vigilant, particularly during periods of heavy lice infestation;
- Implement classroom organisation and teaching programs, as well as guidelines for play, that minimise head-to-head contact during outbreaks of head lice; and
- Support parents through practical advice and a sympathetic attitude to avoid stigmatising families who have difficulty complying with control measures.



Parents:

- Regularly inspect their child's head to detect the presence of lice or lice eggs;
- Immediately treat their child on discovery of lice or lice eggs; and
- Notify the school if their child is affected, and advise when treatment has begun.


Forms

- [Alert Notice](#) 
- [Reminder Notice](#) 

Guidelines

- [Queensland Health: Understanding Head Lice Management](#) 
- [International Guidelines for Effective Control of Head Louse Infestations, Journal of Drugs in Dermatology, 2007; April, Vol. 6, Issue 4, pp. 385-390.](#) 

Other relevant documents

- [Public Health Fact Sheet - Head Lice](#) 
http://access.health.qld.gov.au/hid/InfectionsandParasites/Parasites/headLice_fs.asp
- [Lousing about](#)/strategic/eppr/health/hlspr011/lousing.html

Contacts

For information on control of head lice, contact:

Principal Advisor, Student Services
Student Services Division
Phone:

(07) 3234 1604

Fax:

(07) 3227 8672

Document information

Approval record: TRIM 08/143157

Date of implementation: 2008-09-26

Date of publication: 2008-10-16

Date to be reviewed: 2010-07-01

This procedure replaces:

- HS-19: Guidelines for the Control of Head Lice (Pediculosis) in Schools - Version: September 1996
- HLS-PR-011: Control of Head Lice (Pediculosis) in Schools - Version: 1.0

Uncontrolled copy. Please refer to Education Policy and Procedure Register at <http://iwww.qed.qld.gov.au/strategic/eppr/> for latest version.

Uncontrolled copy. Please refer to Education Policy and Procedure Register at <http://education.qld.gov.au/strategic/eppr/> for latest version.