



HEAD LICE

This policy is drawn up for use at the International School of Helderberg in accordance with:
South African Regulations relating to communicable diseases and the notification of notifiable medical conditions. (R.2438.30 October 1987 as amended by R.485 of 23/4/1999)

1. **General**

Head lice continue to cause concern and frustration for parents, teachers and children. This domestic school policy intends to outline rules, responsibilities and expectations of the school community to assist with treating and controlling head lice in a consistent and co-ordinated manner.

2. **Detection of Head Lice**

Head lice are parasitic insects that live in the hair and scalp of humans. Head lice develop in three forms: nits, nymphs and adults.

Nits: Nits are head lice eggs. They are hard to see and often mistaken for dandruff or droplets of hairspray. Nits are found firmly attached to the hair shaft. They are oval and usually yellow to white. Nits take about 1 week to hatch.

Nymphs: Nits hatch into nymphs. Nymphs are immature adult head lice. Nymphs mature into adults about 7 days after hatching. To live, nymphs must feed on blood.

Adults: An adult louse is about the size of a sesame seed, has six legs, and is tan to grayish-white in colour. In persons with dark hair, adult lice will look darker. Adult lice can live up to 30 days on a person's head. If a louse falls off a person, it dies within 2 days.

3. **How are head lice spread?**

Head lice are spread easily from person to person by direct contact. People can get head lice by:

- Coming into close contact with an already infested person. In children, contact is common during play, while riding the school bus, and during classroom activities in which children sit in groups close to each other.
- Wearing infested clothing, such as hats, scarves, coats, sport uniforms, or hair ribbons.
- Lying on a bed, couch, pillow, carpet or stuffed animal that has been contaminated.
- Head lice cannot jump as it has no knees, yet they can spread when lice pop out of the nits' shell.

4. **How is head lice infestation diagnosed?**

Head lice infestation is diagnosed by looking closely through the hair and scalp for nits, nymphs or adult lice.

Nits are the easiest to see. They are found "glued" to the hair shaft. Unlike dandruff or hairspray, they will not slide along a strand of hair. If you find nits more than 1cm from the scalp, the infection is probably an old one.

Nymphs and adults can be hard to find; there are usually few of them, and they can move quickly from searching fingers. Finding nits close to the scalp confirms that a person is infested.

If you are not sure if a person has head lice, the diagnoses should be made by the specially appointed official at school.



5. **Who is at risk for head lice?**
Anyone can get head lice. Pre-school and primary school aged children and their families are infested most often. Girls get head lice more often than boys and women more often than men. It has NO correlation with cleanliness.
6. **What complications can result from head lice?**
Scratching can lead to skin sores and skin infections.
7. **What are the signs and symptoms of head lice?**
Itching - the body's allergic reaction to the bite. Particularly behind the ears.
Irritability.
8. **What must be done once head lice are detected?**
Should lice or nits (eggs) be found on a pupil's head, the pupil will be sent to the designated official specially appointed by the school for confirmation. Once confirmed the parent/s will be informed and the child will be **sent home immediately**. The child may only return to school after prescribed treatment has been carried out successfully and **all** traces of nits and lice are **removed**. This to be confirmed by the above mentioned official before returning to class.
(This is in accordance with health regulations)

CHRONIC CASES

If a child is found consistently infested with head lice, the child should be deemed a "chronic" head lice case. A chronic case is a child found infested during three separate months during a school year or for six consecutive weeks. It is important for schools to identify these children since their continuing infestations may signify other family or socio-economic concerns. These chronic cases should be reported to the Principal who in turn will report it to the local health department.