



HEALTHY HEADS – WITHOUT HEADLICE



MELROSE RURAL CARE

HEAD LICE POLICY

To support family and community headlice management

From our philosophy: **“We aim to provide high quality care and education through a partnership between parents, children, community, staff and the Department of Education and Children’s Services.”**

“With the belief that:

- ❖ Children develop individually through stages, in their own learning style varying through cultural and family values and perception of these may vary.
- ❖ Healthy self esteem is the basis of positive physical, intellectual and social growth.
- ❖ We believe children need to express themselves in a safe environment.
- ❖ Children learn most effectively through hands on experience, through play.
- ❖ We value involvement of families and community and we encourage open communication.
- ❖ Our planning and evaluation is inclusive to children with additional needs.
- ❖ Our aims of planning and daily activities reflect our philosophy and are made available to families.

This policy outlines the roles and responsibilities of the Melrose Rural Care and community members in community efforts to control headlice. This preschool policy draws on information obtained from the Department of Health publication *Healthy Heads - Without Headlice* and the Department of Education and Children’s Services¹ publication *Headlice – the role of preschools and schools in community headlice control*.

All members of this preschool community will work in a cooperative and collaborative manner to assist families to manage headlice effectively.

Evidence shows that we cannot eradicate headlice but we can reduce the number of cases if all preschool community members work together in a coordinated manner. In this preschool community there is a commitment to do this in the following ways:

- All families (i.e. the families of children, staff and others working in the preschool community) will check at home the hair of all household members, on a weekly basis, for live lice. They will aim to use a headlice comb, for greater accuracyⁱⁱ, and they will use an effective treatment if necessary. Information on treatment methods and availability will be supplied if required.
- Where an active case is suspected, the preschool encourages immediate treatment.
- The Preschool Director or their nominee will contact the family to ask that a child be checked and receive treatment if necessary
- Parents/caregivers will notify the preschool if their child is found to have live lice and advise when appropriate treatment was commenced
- The preschool will notify parents/caregivers of children in the centre when more than one case of headlice is detected in the centre in a week, to alert these families of the need to check more frequently
- A sympathetic attitude will be maintained by the entire preschool community to avoid stigmatising/blaming families who are experiencing difficulty with control measures

To support parents/caregivers and the broader preschool community to achieve a consistent, collaborative approach to headlice management the preschool will undertake to:

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- Distribute up to date and accurate information on the detection, treatment and control of headlice to children, staff and their families at the beginning of the year or more frequently if required
- Include information about headlice management in orientation and transition programs for new families/staff attending the preschool within the context of the state-wide school, preschool and childcare health support planning guidelines
- Include information and updates in preschool newsletters
- Provide practical advice, maintain a sympathetic attitude and avoid stigmatising/blaming families who are experiencing difficulty with control measures
- Access community educational resources and support, such as community health centres and local government (Environmental Health Officers)
- Accept the advice of parents/caregivers that appropriate treatment has commenced
- Encourage children to learn about headlice so as to help remove any stigma or other negative experiences associated with the issue
- Be aware of real difficulties, such as treatment failure, that some parents/caregivers may encounter and seek extra support from community health centres and local government (Environmental Health Officers) if required
- Review the *Preschool Head lice Policy* annually and seek endorsement from the Governing Council
- Continue to seek opportunities to increase our collective understanding of and response to managing head lice

Blanket head inspections or head lice screening by preschool staff are strongly discouraged. There are many reasons for this, including the fact that such programs:

- Take away from child curriculum time
- Are potentially intrusive of child privacy
- Take over family rights and responsibilities
- Convey the message that headlice management is a preschool issue rather than a household and wider community responsibility

There is no requirement for any preschool to undertake head lice screening, however those that wish to need to consider the following as additions to preschool policy:

If preschool staff were to undertake such a program, they would need to ensure:

- Written, active, informed consent of the parents
- Active, informed verbal consent, at the time, of each child
- Respect for privacy and confidentiality
- Understanding by all parties of the limited potential success and impact of the program (i.e. not all cases are guaranteed to be identified successfully and preschool-based screening alone cannot be considered an adequate community response)

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In addition, a preschool would be advised to:

- Develop a generic/blanket consent form for headlice screening which parents/caregivers sign at commencement of preschool year
- Respect the wishes of parents/families and children who elect not to participate in preschool head lice screening
- Give a letter to all children involved in a head lice screening to help maintain confidentiality
- Include teachers and other preschool staff in screening

Our local council offers head lice controls.

Unless specifically addressed by the consent form, duty of care for the children remains with preschool staff and a teacher must be present throughout the screening process.

ⁱ Formerly the Department of Education, Training and Employment (DETE)

ⁱⁱ Roberts, R. J. (2002). Head Lice. *New England Journal of Medicine*, **346(21)**: 1645-1650

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Director

Ratified: / /2008

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Referenced to: -Healthy Heads without Head lice, Govt SA Health Services 2006
Health Support Planning in education and Children's Services, DECS 2006
Staying Healthy In Childcare - Preventing Infectious Diseases In Childcare 4th Edition 2005

**Healthy heads – without headlice
CONSENT FORM**