

Advice from Somerset Health and Social Care (www.somerset-health.org.uk)

Head lice are not primarily a problem of schools, but of the community. Stigma and tradition, however, combined with inadequate public and professional knowledge continue to hold schools responsible.

"Head Inspections"

Routine head inspections, usually by the school nurse, as a screening measure are without value and should not be done, though examination of an individual may be indicated to establish the presence of infection in a specific population group. Before the effective control of head lice became possible with insecticidal lotions, severe cases of infection occurred and head inspections served to detect the very worst and therefore most obvious of them. Nowadays, such gross infections rarely occur. Most active infections are of only a few lice, and routine head inspections are ineffectual in identifying these.

"Alert letters"

Following the production of national guidance, we wish to discourage the use of previously advocated "alert" letters.

One of the principal causes of unnecessary public alarm is the "alert letter", typically warning parents that "we have head lice in the school".

It is unreasonable in that it is done in response to reported cases of head lice, which are not easily transmitted widely in the school, but not done for other diseases which are highly transmissible in schools, such as impetigo or chickenpox.

Most schools will have a few pupils with head lice at any one time. An "alert letter" could be sent out every day.

It often converts the usual background level of infection in the school into a pseudo-outbreak in which the parents' perception is that the school is riddled with lice.

Many parents become convinced that they and their children have head lice when in fact they have not, or decide to use lotion "just in case"

It has been agreed that a more regular approach to detection is required.

Removal from school

There is provision in the Education Act 1996 (Sections 521-525) for the examination and suspension of school children by a medical officer duly appointed by the Local Education Authority (the 1944 Act was replaced by the 1996 Act). In many authorities it is not clear if there is such an officer. The process is in any case fraught with complications and doubts.

At no time should children be singled out as the cause of the problem, and if possible advice should be given to the whole class. On occasions where lice are visualised, some children can go to the staff room, particularly if others are being unkind. Occasionally parents can be contacted and requested to collect their child so that treatment can commence, but they should return to school the following day. Schools can record this as medical absence (authorised). Please note that parents are not obliged to collect their children.

Removal should not be used because:

It cannot ensure the elimination of infection from the family of a child.

It is an unproductive and undesirable over reaction to a problem, which is not a public health threat.

It is inappropriate, being in fact simply an admission of the failure to deal with infection by the community and its professional advisers, but not contributing to a solution.

It is not used for other conditions with low transmissibility such as verrucae and herpes simplex

Families with continuing or recurring infection with head lice should be assisted and supported as they would be with any other infection; by the concerted support and help of the community (including the school) and of the health professionals (including, for example, visits by the school nurse or the health visitor to the family home).