Headlice Procedure

NQS

<table>
<thead>
<tr>
<th>QA2</th>
<th>2.1.1</th>
<th>Each child’s health needs are supported.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.1.4</td>
<td>Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.</td>
</tr>
</tbody>
</table>

NATIONAL REGULATIONS

| Regs | 77 | Health, hygiene and safe food practices |

EYLF

| LO1 | 1.1 | Children feel safe, secure and supported |

Who is affected by this procedure?

- Children
- Families
- Educators/Employees
- Governing Council

Aims

The aim of Loxton Preschool Centre’s Headlice Procedure is to encourage all members of the preschool community to work in a cooperative and collaborative manner to assist families to manage headlice effectively.

Purpose

The purpose of our procedure is to reduce the number of cases of headlice. This policy outlines the roles and responsibilities of Loxton Preschool Centre employees in supporting community efforts to control headlice.

Implementation

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 our preschool community we will endeavour to do this in the following
Loxton Preschool Centre

Headlice Procedure

Ways:

- All families (i.e. the families of students, staff and others working in the school community) will check at home the hair of all household members, on a regular basis, for live lice.

- Where an active case is detected, the preschool encourages immediate treatment and return to preschool the day after appropriate treatment was commenced.

- The director or their nominee will contact the family to ask that a student 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 group when more than one case of headlice is detected in the preschool in a week, to alert these families of the need to check more frequently.

- Families will notify the parents/caregivers of their child’s friends where appropriate, so they have an early opportunity to detect and treat their children if necessary.

- 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 may undertake to:

- Distribute up to date and accurate information on the detection, treatment and control of headlice to students, staff and their families at the beginning of the year or more frequently if required.

- Include information and updates in preschool newsletters.

- Maintain (anonymous) records of headlice cases detected through the preschool, for monitoring purposes.

- 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 Headlice Procedure* bi-annually and seek endorsement from the Preschool Community/Governing Council

- Continue to seek opportunities to increase our collective understanding of and response to managing headlice

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

- Take away from student curriculum time
- Are potentially intrusive of student 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 headlice screening. However 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 student
- 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)
To allow for times when the preschool felt it necessary to screen for headlice:

- a consent form giving educators permission to screen for headlice is issued to parents/caregivers to sign at the time of enrolment
- the wishes of parents/families and children who elect not to participate in school headlice screening will be respected
- a letter will be given to all children involved in a headlice screening to help maintain confidentiality
- teachers and other preschool staff will be included in the screening

Sources

- DECD publication *Headlice – the role of preschools and schools in community headlice control*
- National Quality Standard
- Government of SA Department of Health publication *Healthy Heads - Without Headlice*
- Victorian Dept of Human Services “Parent Managed Headlice Program” (2001)


Review

The procedure will be reviewed bi-annually.

Review will be conducted by:

- Governing Council
- Educators/Employees
- Families
- Interested Parties

Reviewed: 01/12/2016  Date for next review: 01/12/2018

Ratified by Governing Council _______________________ Director’s Signature ______________________