



# **CROYDON HEAD LICE POLICY**

## **Preventing, treating and controlling head lice in the community**

**August 2006**

**This policy updates and replaces the previous policy dated April 2003 and is  
for the information of the following:**

Community Pharmacists  
Health Promotion Centres staff  
Head teachers and staff in local authority schools,  
Pupil Referral Units, nurseries and Early Years Settings  
Independent Schools and nurseries  
Local Education Authority staff  
Primary Care Staff  
General Practitioners  
Environmental Health staff  
Social Services Residential Children's Homes  
Private and Voluntary Residential Children's Homes  
School nurses  
Prescribing nurses  
Community Paediatricians

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Further copies of this policy can be downloaded by visiting [www.croydon.gov.uk](http://www.croydon.gov.uk) or (for schools only [www.healthadvice.croydon.lgfl.net](http://www.healthadvice.croydon.lgfl.net)) or [www.croydon.nhs.uk](http://www.croydon.nhs.uk)  
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Croydon PCT and Croydon Council would like to acknowledge Shropshire County Council's contribution to this policy.

# HEAD LICE POLICY

## 1. AIMS AND OBJECTIVES

### Aim

- To describe a policy for the management of head lice.

### Objectives

- To ensure consistent advice is offered by all personnel involved.
- To raise the level of awareness within the community, about the nature and management of head lice.
- To ensure roles and responsibilities of parents/carers, children, school staff and health professionals are defined and understood.

## 2. INTRODUCTION

- **Like the common cold, anyone can catch head lice.** It is a community problem, which affects adults and children.
- The head louse is a small insect, which lives close to the scalp for warmth and feeds by sucking blood. It moves by crawling through hair and cannot jump or fly.
- The female lays five to eight eggs a day. They are glued to the base of the hair shaft and take 5-7 days to hatch.
- The louse grows to full size in ten days, and is then ready to lay eggs, and can live for up to 40 days.
- Empty egg cases are white and called nits. They grow out with the hair. They cannot spread head lice.

### How Are Head Lice Spread?

- Head to head contact is the only way of spreading head lice. Head lice do not jump or fly

## 3. PREVENTION AND CONTROL

- Head lice can affect adults and children; therefore the responsibility for the prevention and control of head lice lies with the individual if adult, and parent or carer if a child is affected. Control of head lice is possible with proper contact tracing and management of treatments.

- All adults should inspect their own and their children's hair at least once a week if head lice are a problem locally. They should use a detection comb (see combing method – 4(i)).
- If **live lice** are found, then a treatment option should be chosen and carried out as described below.

#### **.4. TREATMENT OPTIONS**

- Treat **only** if live lice are found.
- Treat **only** the individuals who are affected.
- Treatment is made by either PHYSICAL REMOVAL or applying insecticides.

Each of these treatment options relies on the use of a rigid plastic comb with a 0.2mm space between teeth. Metal combs are not recommended as repeated use can wear away the surface of hair<sup>1</sup>.

##### **1. The “wet combing” method**

The combing method is effective if carried out regularly, carefully and consistently, paying particular attention to the nape of the neck where head lice often collect. The use of insecticides is dealt with later in this document.

To facilitate this method:

- (i) Hair may be washed using ordinary shampoo, rinsed and conditioner applied. With the conditioner left in, comb through to remove tangles. The wet hair is then parted and combed using a fine comb as described below.

Or

- (ii) Light oil such as olive oil or grape oil can be applied to the dry hair. Hair is then parted and combed using a fine comb. Light oils wash out easily and make combing easier.

In both cases conditioners and oils are not treatments but are used to ease combing.

- **A suitable comb must be used with teeth no more than 0.2mm apart.**
- Lice should be removed by combing and disposed of by wiping the comb thoroughly on tissue paper or rinsing under running water to remove any lice.
- The conditioner or oil should be then washed off and combing should be immediately **repeated** on wet hair.
- Continue this process every 3-4 days for 2 weeks. After 2 weeks the hair should be clear of lice.

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<sup>1</sup> Ref : Insect Research and Development Ltd, Cambridge

The aim is to remove the live lice and eggs. The live eggs are difficult to remove as they are found close to the scalp at the base of the hair shaft. It may therefore be necessary to continue combing for up to six weeks to treat lice successfully.

Regular inspections should continue to be made to check for any re-infestation.

A Bug Buster kit is available on prescription, from community pharmacies or mail order from CHC (Community Hygiene Concern), Tel: 020 7686 4321 or by visiting [www.nits.net/bugbusting](http://www.nits.net/bugbusting)

## **2. Using Insecticidal lotions**

The use of insecticidal lotions or liquids is also recommended. Do **not** use shampoos, mousses or crème rinses as the contact time with lice when using them is limited and this can render them ineffective<sup>2</sup>.

### **2a. Chemical**

Lotion/liquids must be used according to the instructions included with the product, with a standard application time of twelve hours. Most people require 50ml, but up to 100 ml for longer or thicker hair. A second application after 7 days is necessary to kill any lice emerging from any eggs that survive the first application. The Committee on Safety of Medicine and the product information sheets specify that no more than 3 consecutive treatments at weekly intervals should be used. The lotion should not be used again within a six-week period.

Lotions/liquids containing Carbaryl are only available on prescription. Current UK advice is for each proven case to be managed individually.

#### **Information relating to chemical insecticides:**

- Lotions have an alcohol base. They are not suitable for young children or those with asthma or eczema.
- Liquids have an aqueous base. They are suitable for everyone but may be slightly less effective than lotions.

Sufficient quantities for two applications should be obtained:

- At least 50ml is required for each application.
- Some patients with long or thick hair may require up to 100ml per application.
- Each person affected should receive an individual supply.

### **2b. Non-Chemical**

At present there is only preparation available containing dimeticone. The dimeticone lotion must be used according to the instructions included with the product, with a standard application time of 8 hours or overnight. Most people require 50 mls for a 2 dose treatment, longer hair or multiple treatments will require a 150 ml bottle. A

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<sup>2</sup> Ref : British National Formulary for Children Section 13.10.4

second application after 7 days is necessary to kill any lice emerging from any eggs that survive the first application.

Because the lotion is not absorbed through the skin it can be used for children from 6 months of age and by asthma and eczema sufferers.

#### **CHOICE OF INSECTICIDAL\* LOTIONS/LIQUIDS**

##### **Chemical Insecticides**

##### **Available without Prescription**

**Malathion preparations**

- Suleo M lotion (alcohol based)
- Derbac M liquid (water based)

**Phenothrin preparations**

- Full Marks lotion (alcohol based)
- Full Marks liquid (water based)

##### **Non-Chemical Insecticides**

**Dimeticone preparation**

- Hedrin lotion

##### **Prescription only Medicines**

**Carbaryl preparations**

- Carylderm lotion (alcohol based)
- Carylderm liquid (water based)

**N.B. If one of the preparations does not work and it has been used in accordance with the instructions, then it is advisable to use a preparation with a different active ingredient.**

**\* Correct at time of publication. Please check with your GP, nurse or pharmacist for up to date information.**

### **3. Natural remedies**

- The perception that herbal products (such as tea tree oil) are 'natural' and therefore 'safe' is false. There is no reliable evidence of the effectiveness of these products.

### **4. Electric combs**

- Electric combs are available to buy and they claim to kill lice by means of a small electric discharge. There is no reliable evidence of effectiveness and they should not be used on wet hair. In dry hair, lice move away quickly when disturbed and may therefore evade detection. Electronic combs should not be used by people suffering from epilepsy, heart disease or people with a pacemaker or neurostimulator.

## **5. MANAGEMENT OF TREATMENT**

- Treatment must be started as soon as live lice are detected. The Croydon leaflet (Appendix A) describes the treatment in detail.
- The combing method described is crucial to the successful treatment of lice even when insecticidal lotions are used.
- Advice on treatment should be available from practice nurses, health visitors, school nurses, general practitioners, pharmacists and child health clinics.
- Prior to advice being given the health professionals should ascertain the treatment history and the extent to which insecticidal lotions have been used (see page 7).

### **The advice should cover:**

- The choice of an appropriate method of treatment.
- How to undertake the treatment, especially correct method for wet combing and / or application of lotions, if used.
- Who should be treated.
- Contact checklist (see Appendix B).
- Preventative combing methods.

## **6. RESPONSIBILITIES**

### **1. The Local Health Protection Unit**

- Supply copies of the Croydon leaflet on request.
- Offer additional support and advice about treatment if required.

- Supply specific information about head lice control and prevention.

## **2. The General Public**

- Individuals are responsible for ensuring that all contacts are asked to check their hair for head lice. Parents/Carers in particular are responsible for the detection and treatment of head lice in their childrens' hair and their own hair.

## **3. Health Visitors, Practice Nurses, School Nurses should:**

- Emphasise the responsibility of individuals to detect, treat and prevent head lice.
- Emphasise the responsibility of individuals to instigate contact checking.
- In the case of recurrent outbreaks, ensure current policy and advice is being followed, and offer advice to individual families particularly affected; consider further measures in conjunction with general practitioners, the Local Health Protection Unit, community paediatricians, social services, education welfare officers, and head teachers if appropriate.

## **4. School**

- School should issue a copy of the Croydon leaflet to all parents of new entrants.
- School should **not** send out a standardised letter to every parent following a reported case of head lice.
- School should follow this policy.
- School should encourage regular detection of head lice by parents/carers.

## **Exclusion from School**

- Children should **not** be excluded from school when found to have head lice.
- Schools should use the information accompanying this policy.
- In cases where persistent infection occurs then the advice of the school nurse should be sought, who may seek to involve other agencies (see 6.3).

## **5. General Practitioners and Practice Staff/Health Visitors**

- General practitioners may prescribe insecticidal lotions/Bug Busting kits when head lice have been confirmed.
- Shampoos, crème rinses and mousse formulations should **not** normally be prescribed due to lack of efficacy.

- Copies of the Croydon leaflet should be freely available in the practice.
- Concerns about resistance to the insecticide can be addressed to the Local Health Protection Unit (Tel: 020 8682 6132).

## 6. Pharmacists

- Should stock rigid plastic combs with teeth 0.2mm apart or the Bug Buster kit to detect and treat.
- Should obtain a treatment history prior to sale of insecticidal products.
- Should stock the appropriate lotions/liquids. Shampoos, crème rinses and mousses should **not** be recommended.
- Should reinforce treatment guidelines to ensure the patient will get maximum benefit from the use of the product e.g. use of sufficient lotion/liquid and a 12 hour contact time or sufficient information if advising on the “wet combing” method.
- A copy of the Croydon leaflet should be given with all prescriptions and sales of head lice treatment.
- Advice about preventative measures should also be offered.

## 7. FURTHER READING

### **Lice and Scabies**

A Health Professionals guide to epidemiology and treatment  
 Edited David T Robert  
 PHLS Publications Office  
 61 Colindale Avenue  
 London  
 NW9 5DF  
[www.phls.co.uk](http://www.phls.co.uk)

### **Dodd CS**

Interventions for treating headlice (**Cochrane Review**)  
 The Cochrane Library Issue 4, 2002 Oxford. Update Software.

### **Aston R, Duggal H, Simpson J.**

Headlice Report for Consultants in Communicable Disease Control (CCDS).  
 Public Health Medicine Environmental Group 1998.

### **NHS Centre for Reviews and Dissemination**

Treating head lice and scabies. Effectiveness Matters; 1999: Issue 1.

### **Roberts RJ et al.**

Comparison of wet combing with malathion for treatment of head lice in the UK: a pragmatic randomised controlled trial. Lancet 2000; 356: 540 - 544

**Website:**

[www.patient.org.uk/illness/h/headlice.htm](http://www.patient.org.uk/illness/h/headlice.htm) (this includes links to useful documents and patient information leaflets)

## **Appendix A**

The following pages contain the patient information leaflet (this can be photocopied back to back and folded to leaflet size) and the contact tracing form mentioned in the policy.

**Like the common cold anyone can catch head lice. It is a community problem that affects adults and children.**

### WHAT ARE HEAD LICE?

Head lice are flat greyish-brown insects, the size of a pinhead, which live in the hair. They like to stay close to the scalp for warmth and feed by biting the scalp and sucking blood.

### WHAT ARE NITS?

Nits are empty white egg cases. They are not always a sign of live head lice and grow out with the hair.

### DETECTION AND PREVENTION

You only have head lice if you see live lice in the hair. Lice are most easily detected by fine tooth combing wet conditioned hair. If no lice can be found by careful combing of the hair from the roots then there is no need to consider applying head lice lotions/liquids.

### WHEN TO COMB

Wet comb and check hair regularly - once a week. There may be no itching to warn you that head lice are present. It is very important for everyone to check regularly. **Remember - at least once a week.**

## HOW TO COMB

### WET COMBING METHOD

**Head lice may be detected by this method. If it is done correctly head lice may be cleared over a two - six week period.**

- Wash hair in normal way with an ordinary shampoo.
- Use a hair conditioner and while hair is wet comb through from roots, using ordinary comb to detangle hair and then use fine tooth comb.

OR

- Use a light oil e.g. olive oil or grape oil on dry hair and comb through from roots.
- Light oils or conditioner makes combing easier, they do not kill lice.
- Use a fine-tooth comb (strong plastic if possible). The teeth on the comb should be no greater than 0.2mm apart. Check when you purchase these combs from your local pharmacy.
- Systematically part hair and ensure teeth of comb slot into hair at the roots with every stroke, ensuring the comb goes into the nape of the neck and behind the ears.
- Comb hair over a pale sheet or paper, white towel or pillowcase if possible so you can see any lice.
- Clear the comb of lice between each stroke by wiping on a tissue or rinsing under running water.
- If you find any lice, then repeat this routine every 2-3 days for 2 - 6 weeks so that any

lice emerging from the eggs are removed before they can spread or reproduce. This will only work if carried out exactly as described.

## TREATMENT

**If you find live lice you have two options.**

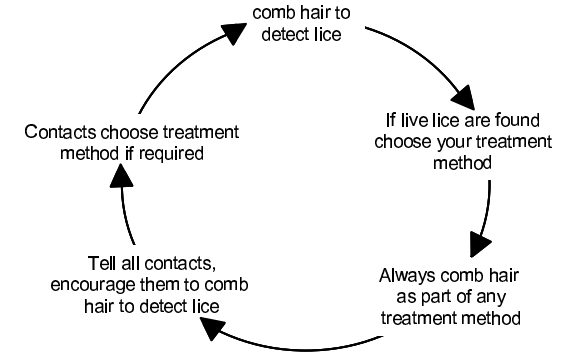
1. WET COMBING METHOD - on hair washed and conditioned or on dry hair to which a light oil has been applied as described (see over).
2. USE INSECTICIDAL LOTIONS and then WET COMB. Please read instructions very carefully about application of the lotions and note that a further application is recommended after 7 days. You can seek advice from your GP, Pharmacist, Health Visitor or School Nurse. You should ensure that the product you are using is a lotion/liquid which is left on for 8 hours or more. Shampoos, crème rinses and mousses are **not** effective.

It is important to use the insecticide again after 7 days to remove any lice which may hatch. Continue to wet comb hair every 2-3 days for a minimum of 2 weeks after the correct use of the lotion to remove dead lice and any lice which may hatch from the eggs.

Do not over use the chemical insecticide lotions – do not use more than 3 times in 3 weeks. Then do not use again within a 6-week period. Continue to comb and this will reduce the need to use a lotion/liquid.

### WHICHEVER TREATMENT IS USED

- Check the heads of all the family and close contacts and treat using one of the two options described.
- Tell all known contacts - e.g. children's friends, grandparents, aunts, uncles, child minders so they can check their hair and if necessary treat.
- Always continue to comb hair on a regular basis to check for reoccurrence.



### REMEMBER

Prevention is better than cure. Check hair at least once a week if head lice are a problem in your area.

### Further Information

This leaflet gives general information. If you require further details and advice about effective combing methods please contact one of the following:

Health Visitor  
School Nurse Advice Line (Tel: 020 8655  
3579)  
Practice Nurse / GP  
Pharmacist

or

Your Local Health Protection Unit  
(Tel: 020 8682 6132)

## COMMUNITY LANGUAGES

If you find it easier to read large print, use an audio tape or Braille or would prefer to communicate in a language other than English, please do so. Interpreters and translators can be provided on Tel: 020 8726 6000.

# *The Prevention and Treatment of Head Lice*

## **HEAD LICE**

**CHECK THEM**

**TREAT THEM**

**BEAT THEM**



# TRACKING LICE...

## Appendix B

To keep head lice away for good, you need to find where they came from.

The source is most likely someone well-known to the family and is probably completely unaware that they have lice!

So, make a list of all people who have been in **close** (head to head) contact with the affected person.

### *CHECKLIST*

Every member of the family will need to fill in one of these, even though many names will be duplicated.

All the people on the list will need to check themselves and their families for head lice.

NAME .....

#### *IN THE HOME:*

Parents/Carers .....

Other children in family .....

Other residents .....

#### *RELATIVES:*

Grandparents .....

Aunts/Uncles .....

Cousins .....

Nephews/Nieces .....

Other .....

#### *SOCIAL CONTACTS:*

Friends .....

School friends .....

Clubs and societies .....

Playgroup etc .....

Other groups .....

Work colleagues .....

Note: Pets do not need to be treated.

### **Additional Notes and Guidance for the Primary Care Team, including pharmacists, school nurses and health visitors**

These notes are supplementary to the 2003 Guidelines for dealing with and control of human head lice and both aim to emphasise the responsibility of the individual in the community for detection, combing and treating of this infestation.

#### GENERAL

- ◆ Head louse infestation is not primarily a problem of schools but of the wider community.
- ◆ As for any other infestation in their patients, primary care teams should be knowledgeable and competent in the control of head lice. They should be able to teach patients the technique of detection combing, and be prepared to advise appropriate treatment when there is **confirmed** infestation.
- ◆ Health professionals should make sure that they are able to identify a louse at all stages of its development. It helps to have a magnifying glass to hand.
- ◆ Patients should be made aware that head lice are only transmitted by direct, prolonged head-to-head contact.

#### SPECIFIC

- ◆ **Do** consider nominating a member of staff to be responsible for advising patients on head louse problems. This may be a practice nurse or health visitor, but other non-clinical staff may be appropriate as a first contact. If examination is thought necessary, referral can then be made.
- ◆ **Do** consider asking the Consultant in Communicable Disease Control to arrange training for nominated persons from local practices.
- ◆ **Do** liaise, as appropriate, with your local pharmacists, school nurses, health visitors, head teachers, infection control nurses, and Consultant in Communicable Disease Control. Only a concerted approach can be effective.
- ◆ **Do not** automatically refer patients to the School Nurse. Head lice are a community problem not always specifically related to schools.
- ◆ **Do** adhere to the following principles of control :
  - \* definite diagnosis; a living, moving louse found by detection combing
  - \* listing and examination of contacts – a contact tracing sheet is attached
  - \* simultaneous thorough and adequate treatment of all confirmed cases
  - \* if standard chemical insecticidal lotions are used repeat the treatment after seven days
  - \* always emphasis the role of wet ‘combing’

- ◆ **Do** make sure that the patients are provided with information, advice and support. At a first consultation, it may be sufficient to ensure that they know how to undertake detection combing and what to do if there are head lice present.
- ◆ **Do not** confirm a diagnosis of head louse infection unless you yourself have seen a living, moving louse, or you have physical evidence from the patients.
- ◆ **Do** be aware that patients are often mistaken when they believe they have lice. Recurrent scalp problems may be missed if it is simply assumed without evidence that lice are the cause.
- ◆ **Do** make every effort to discourage unnecessary or inappropriate treatment with insecticides.
- ◆ **Do not** ever recommend treatment unless a louse has been clearly identified (as described above). If you do recommend treatment, ensure that it is done adequately for the case and affected contacts.
- ◆ **Do** make sure that patients know that the correct use of insecticidal lotions is the scientifically confirmed way to treat head louse infections.
- ◆ **Do** follow the British National Formulary's recommendation of two applications of lotion (**not** shampoo) seven days apart.
- ◆ **Do not** assume that "reinfestations" or "treatment failures" are truly infestations. Make sure that a louse is found or produced.
- ◆ **Do not** ever recommend re-treatment without first of all establishing that living, moving lice are still present after two applications of lotion seven days apart and after a full professional assessment as to the ways in which the family may not have complied carefully with the first attempt.
- ◆ **Do** resist the temptation to agree with parents' suggestions that a first course of treatment has failed, that "it must be a resistant strain", and that a further course of treatment should be given. There is no substitute for a proper professional assessment.
- ◆ **Dimeticone** is a relatively new non-chemical insecticide which appears to be as effective as phenothrin water based liquid. There is limited evidence at present, but does have the advantage of being suitable for asthmatic and eczema sufferers as it is not absorbed through the skin.
- ◆ **Do** seek the advice of the local Consultant in Communicable Disease Control on appropriate insecticidal lotions. If you are concerned about localised resistance, generally, malathion or one of the pyrethroids is considered as first line treatment or chemical insecticides, and carbaryl as second line treatment.
- ◆ **Do** consider using carbaryl for cases in which true resistance to one of the other agents has been established (see above). There is so far little resistance to carbaryl, but it is available only on prescription. Malathion or phenothrin should be considered as first line chemical treatment, and carbaryl as second line. Carbaryl is a prescription only medicine (POM) due to the small theoretical risk that it is a potential carcinogenic agent.

- ◆ **Do** bear in mind that different formulations of the same active ingredient have different efficacies. Alcoholic lotions are recommended except for children with severe eczema or asthma who should use aqueous solutions. Shampoos, cream rinses and mousse preparations are not in contact with the scalp for enough time to be effective.

**Ref: Aston R, Duggal H, Simpson J.,** Headlice Report for Consultants in Communicable Disease Control (CCDS). Public Health Medicine Environmental Group 1998.

### **Additional Notes and Guidance for Schools**

These notes are supplementary to the 2003 Guidelines for dealing with and control of human head lice. Both aim to emphasise the responsibility of the individual in the community for detection, combing and treating the infection.

#### GENERAL

- ◆ Head louse infestation is not primarily a problem of schools but of the wider community. It cannot be solved by the school, but the school can help the local community to deal with it.
- ◆ Head lice are only transmitted by direct, prolonged head-to-head contact.
- ◆ Transmission of lice within the classroom is relatively rare. When it does occur, it is usually from a “best friend”.
- ◆ Head lice will not be eradicated in the foreseeable future, but a sensible, informed approach, based on fact not mythology, will help to limit the problem.
- ◆ At any one time, most schools will have a few children who have active infestation with head lice. This is often between 0% and 5%, rarely more.
- ◆ The **perception** by parents and staff, however, is often that there is a serious “outbreak” with many of the children affected. This is hardly ever the case.
- ◆ The “outbreak” is often an outbreak of agitation and alarm, not of louse infection; a societal problem not a public health problem.

#### SPECIFIC

- ◆ **Do** ensure secretarial or school reception office staff have a copy of the appropriate protocol to follow which is in line with new guidelines.
- ◆ When parents report a case of head lice, refer them to the Croydon leaflet.
- ◆ **Do** make sure that your school nurse is informed in confidence of recurrent cases of head louse infestation. The school nurse will assess the situation as per section 6(iii) in Communicable Disease and Health Protection Unit guidelines.
- ◆ **Do** ensure information is available for parents who report head lice infestation i.e. Croydon leaflet and Health Protection Unit leaflet and contact tracing forms.
- ◆ **Do not** send out an “alert letter” to other parents. The agreed local policy is in place and routine letters about head lice should not be sent out.
- ◆ **Do not** exclude children who have, or are thought to have, head lice.
- ◆ **Do not** agree with angry parents that routine head inspections should be reintroduced. They were never effective.
- ◆ **Do not** take, or support, actions simply “to be seen to be doing something” (such as sending out “alert letters”).

- ◆ **Do not** sell or provide fine-toothed combs unless you are sure that the teeth are no more than 0.2mm apart. Use of combs that do not meet this specification has been proven to be ineffective.
- ◆ **If further advice on treatment** is requested the appropriate advisers are the local pharmacist, the health visitor, the general practitioner or the school nurse. Please explain this to parents.

**Ref: Aston R, Duggal H, Simpson J.**, Headlice Report for Consultants in Communicable Disease Control (CCDS). Public Health Medicine Environmental Group 1998.

Croydon Council and Croydon PCT would like to acknowledge Shropshire County Council's contribution to the content of this policy.

[www.healthcareA2Z.org](http://www.healthcareA2Z.org)