HEAD LICE POLICY

Head lice continue to cause concern and frustration for families, educators and children. Although head lice are not considered a health hazard and do not spread disease, infestations can cause anxiety for all stakeholders. Head lice affect anyone and are not a sign of poor hygiene. This policy is intended to outline roles, responsibilities and expectations of the Service to assist with early identification, treatment and control of head lice in a consistent and coordinated manner.

Whilst families have the primary responsibility for the detection and treatment of head lice, our Service will work in a cooperative and collaborative manner to assist all families to manage head lice effectively.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 2A	Paramount consideration—safety, rights and best interests of children
S. 3A	Paramount consideration
77	Health, hygiene and safe food practices
88	Infectious diseases
168	Education and care service must have policies and procedures

RELATED POLICIES

Family Communication Policy Health and Safety Policy Privacy and Confidentiality Policy	Respect for Children Policy Work Health and Safety Policy

PURPOSE

To ensure families, staff, and educators are well informed about the early identification of head lice and the management of infestations through effective treatment and communication with families.

OUR SERVICE AIMS TO:

- outline the roles and responsibilities of families, educators and management who are involved in early detection, treatment, and control of head lice
- document effective treatment and management strategies
- provide information and support for families.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor, students, volunteers and visitors of the Service.

HEAD LICE

Pediculosis Capitis, or head lice, are insects that live in hair and suck blood from the scalp and can cause itching of the scalp. Female head lice lay their eggs and glue them to the base of hair shafts. The eggs (nits) are pale cream to yellowish brown in colour and hatch after 7–10 days. The immature lice grow into adults over 6–10 days and bite the scalp to feed on blood. Adult lice mate; the females lay more eggs, and the cycle continues.

People get head lice from direct head-to-head contact with another person who has head lice. This can happen when people play, cuddle, or work closely together. Head lice do not have wings or jumping legs, so they cannot fly or jump from head-to-head. They can only crawl.

Head lice do not live or breed on animals, bedding, furniture, carpets, clothes, or soft toys. They almost never spread by sharing hats. Head lice can be controlled through a consistent, systematic community approach.

While head lice are not known to carry disease, they are a nuisance for families and children. The social stigma associated with head lice infestation can affect children's comfort and confidence.

FINDING HEAD LICE

Head lice do not always cause itching and may be difficult to see. Look for eggs by shining a strong light on the hair near the scalp, or by using the conditioner and combing technique. (See Treatment section below).

Head lice live on the hair and move to the scalp to feed. They can be brown or grey in colour. Head lice have six legs with claw-like ends that help them grip, so they rarely fall from the head. Louse eggs (also called nits) are laid within 1.5cm of the scalp and are firmly attached to the hair. They resemble dandruff but, unlike dandruff, can't be brushed off.

IMPLEMENTATION

Our Service is committed to keeping children safe, healthy and supported. Children's safety, rights and best interests are considered in all decisions and practices, including the prevention and management of head lice.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/EDUCATORS WILL:

If one child at the Service has head lice, it is likely that several others also have them. To help prevent the spread of head lice, our Service will:

- remind families to check their child's hair regularly for head lice as a prevention strategy
- notify the parent/guardian (confidentially) if their child is suspected of having head lice, informing them that the child does not need to be sent home immediately, but ask them to begin the treatment for head lice before the child returns to the Service
- keep families informed if there is someone at the Service with head lice, ensuring confidentiality is not breached by disclosing the child's name who has head lice
- reduce head-to-head contact between children, where possible, when the Service is aware that someone has head lice
- support families and children by providing factual information about head lice
- ensure that children with head lice are not singled out, isolated or excluded from learning experiences
- provide families with information about effective treatment for head lice
- encourage families to tie back children's hair when attending the Service
- maintain confidential records of reported cases to help monitor and minimise outbreaks
- encourage children to avoid head-to-head contact and not share hats, brushes or hair accessories, although the spread through those is rare.

FAMILIES WILL:

- check their child's hair regularly for head lice and eggs (nits)
- tie back long hair where possible to help reduce head-to-head contact
- check all family and household members regularly. If someone has head lice, start treatment and notify the Service as soon as possible
- keep children with head lice at home, treat them straight away and send children back to the Service once they have started the treatment
- use only safe and recommended methods to treat head lice, using a head lice comb and conditioner method if recommended
- keep checking hair after treatment to make sure it has worked. Check for head lice every 2 days until no lice or eggs are found for 10 consecutive days.
- be respectful and supportive towards children and families affected by head lice
- check their child's hair regularly for head lice as a prevention strategy.

TREATMENT

The two most common methods used for the treatment of head lice are the conditioner/combing technique and chemical treatments.

Conditioner and combing technique

Conditioner stuns head lice and blocks their breathing pores. This, together with the slippery effect of the conditioner, makes it easier to remove the head lice and eggs from hair.

1. Untangle dry hair using a regular comb
2. Apply hair conditioner to dry hair. Use enough conditioner to cover the whole scalp and all hair from roots to tips. White conditioner makes it easier to see the lice and eggs.
3. Use a regular comb to evenly distribute the conditioner and divide the hair into four or more sections using hair clips.
4. Starting with a section at the back of the head, place the teeth of a head lice comb flat against the scalp. Comb the hair from the roots through to the tips.
5. Wipe the comb clean on a tissue after each stroke and check the tissue for head lice or eggs.
6. Comb each section thoroughly, at least twice, until you have combed and checked the whole head. If the comb becomes clogged, use an old toothbrush, dental floss or a safety pin to remove the head lice or eggs.
7. Rinse the conditioner out of the hair when finished.
8. Wash the comb using hot soapy water and rinse off with hot water.

9. Repeat the conditioner and combing process after 7 days to ensure that any immature head lice that have hatched are removed before they can lay more eggs.

Chemical treatments

There are four main categories of head lice products available in Australia, which may include an active compound that kills head lice and some eggs (nits). Any head lice treatment product used should carry an Australian Registered (AUST R) number on the outer packaging indicating the product is accepted by the Therapeutic Goods Administration (TGA) for supply in Australia. No treatment kills all eggs, so the hair must be retreated after 7 to 10 days to kill any head lice that may have hatched or survived the first treatment.

There are many different chemical treatment products available to use for children aged over six months. Check with a pharmacist to help choose a product. No single chemical treatment will work for everyone, and lice can develop resistance to the chemicals.

RELATED RESOURCES

Head Lice Notification Letter

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Head Lice Policy* will be evaluated and reviewed on an annual basis or earlier if there are changes to legislation, ACECQA guidance or any incident related to our policy. Feedback will be requested from children, families, staff, educators and management. All families will be notified 14 days before any policy change that may have a significant impact on the provision of education and care to any child enrolled at the Service or the family's ability to utilise the Service.

SOURCES

Australian Children's Education & Care Quality Authority. (2026). *Guide to the National Quality Framework*
Better Health Channel. (2023). Head lice (nits)
Early Childhood Australia. (2016). *Code of Ethics*
Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
National Health and Medical Research Council. (2024). *Staying Healthy: Preventing infectious diseases in early childhood education and care services (6th Ed.).* NHMRC. Canberra.
Privacy Act 1988.
United Nations Convention on the Rights of the Child

REVIEW

POLICY REVIEWED BY	Michelle Donadel	Nominated Supervisor/Director	8/7/2026
POLICY REVIEWED	JULY 2026	NEXT REVIEW DATE	JULY 2027
VERSION NUMBER	VJULY2026		
MODIFICATIONS	• annual policy review • edits made to improve clarity and consistency, e.g., the 'families will' section. • child safety principles added - paramount consideration • information added in line with Staying Healthy guidelines • sources updated		
PREVIOUS MODIFICATIONS			
JULY 2025	• annual policy maintenance • sources checked for currency and updated as required		