GEMS TINEY HOME NURSERY

HOME FROM HOME CHILDCARE

Head Lice Policy

Purpose

We respond to head lice calmly and discreetly, supporting families to identify and treat live lice promptly. Head lice are common and are not a sign of poor hygiene. This policy explains the setting's treatment and return arrangements.

Identification

Head lice spread mainly through direct head-to-head contact. Itching alone does not confirm an infestation, and eggs or empty egg cases, often called nits, do not necessarily mean live lice remain. Finding a live louse is the reliable way to confirm head lice.

Parents are encouraged to check hair regularly using a fine-toothed detection comb, especially after a notification or if symptoms occur. Staff may notice scratching or visible lice during routine care and will tell parents privately. We do not carry out routine group inspections, diagnose from itching alone or make children feel embarrassed.

Attendance and communication

As a setting rule, children with confirmed live head lice are excluded until they have received an appropriate initial treatment. If live lice are found during the day, parents will be asked to arrange collection and treatment. The child may return the following day after that initial treatment has been carried out, provided they are otherwise well enough to attend. They do not return later on the treatment day.

An appropriate initial treatment may be a thorough wet-combing session following current NHS guidance or an age-appropriate medicated product used according to its instructions. Parents must complete all follow-up combing or repeat applications

required. The full multi-day course does not have to be finished before return, and remaining eggs or empty egg cases alone do not prevent attendance.

NHS and UKHSA guidance does not require exclusion for head lice. The treatment-before-return and following-day requirements above are Gems tiney Home Nursery's own attendance arrangements. Parents should tell Gemma about confirmed live lice so we can give families a confidential reminder to check hair, without identifying the affected child or family.

Treatment advice

Families can seek advice from a pharmacist about age-appropriate treatment. NHS options include wet combing or a suitable medicated product where needed. Check everyone in the household and close contacts and treat those found to have live lice at the same time.

For wet combing, follow current NHS guidance and the comb instructions. Medicated treatments must be used exactly as directed and repeated where the product requires. Do not use medicated products as a preventative measure or treat everyone merely because they have been in contact with a case.

We do not recommend head lice repellents or unproven remedies. Persistent live lice after correctly completed treatment should be discussed with a pharmacist. Treatment is normally carried out at home; any exceptional administration in the setting would require specific agreement and our medication procedures.

Hygiene and reassurance

We maintain normal cleaning and laundry routines. Special fumigation, extensive disinfection, hot washing of all bedding or deep cleaning of soft furnishings is not required solely because of head lice. Brushes and personal care items are not shared.

Adults use simple, reassuring explanations and avoid blame or unnecessary restrictions on play and friendships. If a family is finding treatment difficult, we discuss practical support sensitively and suggest pharmacy or health visitor advice where appropriate.

Review and references

Gemma ensures assistants follow the same approach. This policy is reviewed annually or sooner if guidance changes. References: NHS Head lice and nits,

www.nhs.uk/conditions/head-lice-and-nits/; UKHSA Public health exclusion periods in children and young people's settings.

Policy owner: Gemma Bayley
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