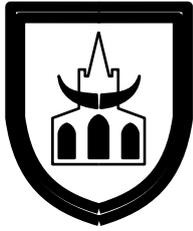


**LANGTONS INFANT SCHOOL  
WESTLAND AVENUE, HORNCHURCH**

REGULATIONS REGARDING INFECTIOUS DISEASES

Length of absence required from school

CHICKEN POX	5 days from onset of rash or until scabs have formed and have dried
CONJUNCTIVITIS (STICKY EYES)	Very contagious – treatment needed
GERMAN MEASLES (RUBELLA)	Until recovery (minimum of 6 days from appearance of rash)
IMPETIGO	Until lesions are crusted over or healed – usually very rapid with treatment
MUMPS	5 days from onset of swollen gland
SCABIES	Child can return after first treatment
SCARLET FEVER	24 hours after commencing antibiotics
SICKNESS AND / OR DIARRHOEA	24-48 hours after last episode of sickness and / or diarrhoea
'SLAP FACE' VIRUS	No exclusion unless child feels unwell
VERRUCAE (PLANTAR WARTS) PLANTARIS	No exclusion – feet should be covered
WHOOPING COUGH	5 days from commencement of antibiotics / 21 days from onset of illness if no antibiotic treatment



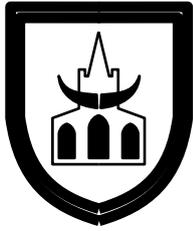
**LANGTONS INFANT SCHOOL  
WESTLAND AVENUE, HORNCHURCH**

### **HEAD LICE TREATMENT**

The following guidance aims to assist you in effectively treating head lice:

- Wet detection combing is the most effective method to detect head lice.
- Only those individuals who have head lice should be treated – not the whole family.
- As lice live close to the scalp where they feed, an insecticide should be applied mainly to the scalp.
- Lice may take up to 24 hours to die following treatment.
- To ensure the individual does not become re-infected with head lice, all close contacts should be checked using the wet combing method and treated if live lice are found.
- If you suspect treatment has not been effective, do not repeat without consulting a health professional.

Your GP, pharmacist, practice nurse, school nurse or health visitor will be able to provide you with further advice on any of the above.



**LANGTONS INFANT SCHOOL  
WESTLAND AVENUE, HORNCHURCH**

**HEADLICE PREVENTION**

Correct diagnosis is essential. The only reliable method of diagnosing current, active infection is by wet detection combing.

A diagnosis of head lice infection cannot be made with certainty (no matter how many nits are present, how many reported cases there are in a school, how bad the itch is, or however dirty the pillows are) unless a living, moving louse is found.

**Wet Detection Combing – How To Do It**

**You will need:** a plastic detection comb  
good lighting  
an ordinary comb

1. Wash the hair well, then dry it with a towel. The hair should be damp, not dripping.
2. Make sure there is good light. Daylight is best.
3. Comb the hair with an ordinary comb.
4. Start with the teeth of the detection comb touching the skin of the scalp at the top of the head.
5. Draw the detection comb carefully towards the edge of the hair, keeping the teeth of the comb in contact with the scalp for as long as possible.
6. Look carefully at the teeth of the comb in good light.
7. Repeat this several times from the top of the head to the edge of the hair in all directions, working around the head and looking at the detection comb after each action.
8. Do this for several minutes. It takes 10 to 15 minutes to do it properly for each head.
9. If there are head lice, you will find one or more lice on the teeth of the detection comb.
10. If you find something but are not sure what it is, stick it to a piece of paper with clear sticky tape and show it to your school nurse or family doctor. There can be other things in the hair which are not lice.
11. Clean the detection comb carefully under a running tap. A nail brush helps to do this.
12. **Do not treat unless you are sure that you have found a living, moving louse. If you need help, ask you local chemist, health visitor, school nurse or family doctor.**