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Dear Parents and Carers,

Headlice are very common and we have a number of year groups affected at the moment. In line with advice from Public Health England we will no longer be sending out emails each time we are notified of a new occurrence as being constantly on the lookout for headlice is more effective.

Please find below updated information from Public Health England with regards to the prevention and treatment of headlice.

What are head lice?

Head lice are parasitic insects that only live on human heads. There are three forms of head lice:

Nits are head lice eggs. The oval, yellowy white eggs are hard to see and may be confused with dandruff. They attach themselves to the hair shaft and take about a week to hatch. The eggs remain after hatching and many nits are empty egg cases.

Nymphs hatch from the nits. The baby lice look like the adults, but are smaller. They take about 7 days to mature to adults and feed on blood to survive.

Adults are about the size of a sesame seed. They have six legs and are tan to greyish-white. The legs have hook-like claws to hold onto the hair with. Adults can live up to 30 days and feed on blood.

Who catches head lice?

Anyone can catch head lice but preschool children, primary school children and their families are most at risk.

How do you catch head lice?

Head lice are transmitted through direct, prolonged head-to-head contact so tend to be more commonly seen in children because of play. Sport and transmission through close contacts at home are also common routes for spread.

Transmission is possible through infected clothes, combs, brushes or towels, but extremely unlikely. The lifespan of a louse is very short once detached from the hair so fumigation is not necessary.

Head lice cannot jump, hop or swim.

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Head lice are not associated with poor hygiene, are not selective and do not have a preference for clean or dirty hair.

Is it infectious?

The rate of transmission is low.

How serious are head lice?

Head lice are not a serious health problem. Head lice rarely cause anything more than an itchy scalp.

How can spread be prevented?

Exclusion is not required for head lice.

Letters and notifications to parents generally do not reduce the risk of transmission and may provoke anxiety so need to be considered with caution.

Regular head checks by parents and good hair care may help identify head lice early.

What is the treatment?

A diagnosis of head lice can only be made if live lice are seen.

Wet combing method:

Wash the hair in the normal way, with an ordinary shampoo

Using lots of conditioner, and while the hair is very wet, comb through the hair from the roots to the ends with a fine-toothed detector comb. Make sure the teeth of the comb slot into the hair at the roots of every stroke

Clear the comb of lice between each stroke

Repeat this routine every 3 days for 2 weeks so that any lice emerging from eggs are removed before they mature and spread

Household contacts of individuals with head lice should also be checked and treated if they are found to have head lice too.

Using lotions:

Only those with live lice should be treated.

Dimeticone (a silicone oil), Malathion or Permethrin (insecticides) are recommended treatments which can be bought from the chemist or obtained on prescription.

It is important that the instructions on the bottle are followed very carefully and that all the family and close contacts are checked and treated if necessary.

Asthmatics, those with skin problems such as eczema, pregnant women, breast feeding mothers and children under 6 months should be treated under medical supervision.

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Treatment should be started as soon as possible on the day of diagnosis but the child does not have to be sent home from school.

More information on Head Lice can be found on the NHS website:
<https://www.nhs.uk/conditions/head-lice-and-nits/>

Kind regards,

Business Management Team

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