

Head Lice Policy

Quick reference: head lice | stopping the spread of head lice | managing head lice in children | head lice detection | excluding children and staff | exclusion periods | family notification | hygiene and cleaning | education and stigma | NHMRC Staying Healthy Guidelines

PURPOSE AND BACKGROUND

- (1) To set out how we manage and reduce the risk of transmission of head lice at our service, while maintaining the dignity and privacy of children

SCOPE

- (2) This policy applies to:
- 'Staff': the approved provider, nominated supervisor, paid workers, volunteers, work placement students, and third parties who carry out child-related work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
 - Children in our care, their parents, families and care providers

DEFINITIONS

- (3) The following definitions apply to this policy and related procedures:
- 'Exclude/exclusion' is being temporarily removed from the service to prevent the spread of head lice
 - 'Head lice' (Pediculosis) are small, wingless insects that live, breed and feed on the human scalp. They cannot transmit any infectious diseases. Direct contact is required for transmission from person to person, where head lice crawl from head-to-head
 - 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
 - 'Staff', unless otherwise indicated, refers to the approved provider, nominated supervisor, paid employees, volunteers, students, and third parties who are covered in the scope of this policy

POLICY STATEMENT

Exclusion from the service

- (4) Children and staff who have untreated head lice are excluded from our service until the day after appropriate treatment has started, as required under the *Public Health and Wellbeing Regulations 2019* (exclusion table)
- (5) A child or staff member does not need to be sent home early if head lice are detected while they are at the service
- (6) The nominated supervisor/approved provider has the ultimate responsibility to exclude any child or adult who has live head lice
- (7) The presence of eggs (nits) in the hair is not cause for exclusion if live lice are not detected

Visual checks for head lice

- (8) To support the health and comfort of all children and adults at our service, an educator may discreetly and respectfully examine a child's head if they suspect the child has head lice
- (9) Checks will be done in a way which does not embarrass the child, or infringe their right to privacy and confidentiality
- (10) Staff must follow our Head Lice Procedure (attached)

Detection of live head lice

- (11) If a child has head lice, their family should notify an educator or the nominated supervisor as soon as practicable
- (12) If a staff member has head lice, they must notify the nominated supervisor as soon as practicable
- (13) Children and staff must start effective treatment of the lice before attending our service again
- (14) If a child is found to have live head lice at our service, educators will:
 - Notify the parent or authorised nominee as soon as possible
 - Not isolate the child
 - Monitor the child during the rest of the day to discourage head-to-head contact with others (e.g., cuddling)

- Ask the parent or authorised nominee to collect the child early if it is difficult to keep the child from having head-to-head contact with others (e.g., because of their age or the type of activities being run)
 - Provide information to the family about how to effectively treat the lice, and advise them to start treatment before their child returns and to check their child's hair for lice every 2 days until no lice or eggs are found for 10 consecutive days
 - Complete an Incident, Injury, Trauma and Illness record
- (15) If a child or staff member is found to have live head lice at our service, the nominated supervisor will:
- Alert all families to the presence of head lice at our service (without identifying the affected child/ren or staff) (e.g., via our noticeboard or electronic messaging)
 - Communicate a request to all families to check their child's hair for lice and, if they are found, ask them to treat the head lice before sending the child back in
 - Ask staff to check their own hair and treat any lice before returning to work on-site

Returning to the service after treatment

- (16) A child or staff member with head lice may return to our service the day after effective treatment has begun
- (17) We do not require a medical clearance certificate before a child or staff member can return

Preventing head lice at our service

- (18) Staff will be aware that head lice:
- Are spread by direct head-to-head contact or by sharing a comb or hairbrush
 - Cannot jump or fly
 - Do not live for long if they are not on the human head
 - Do not live or breed on animals, bedding, furniture, carpets, clothes or soft toys
 - Can affect anyone, and are not a sign of poor hygiene
- (19) To help control the spread of head lice, educators will:
- Encourage children to not share hairbrushes, combs or hair accessories

- Ask parents to tie their child's hair back if it is long
 - Avoid or reduce the number of activities that involve direct head-to-head contact among children (where possible)
 - Provide information to families about how to check for head lice and eggs, and how to treat head lice infestations
 - Give lessons to children on how to prevent head lice, incorporating facts that reduce the stigma associated with having them (e.g., that anyone can get lice, they are not dirty or disgusting, information about their biology and history etc)
- (20) The nominated supervisor will send out regular reminders to staff and families to do weekly hair checks as a preventative measure

PRINCIPLES

- (21) Children's health, safety and wellbeing are our number one priority
- (22) We uphold the rights and dignity of children at all times
- (23) Our policies and procedures are based on the latest guidelines and recommendations from health authorities, and we comply with the relevant laws, regulations and standards
- (24) We consider children, families and staff as partners in preventing the spread of head lice
- (25) Children are helped to take increasing responsibility for their health and physical wellbeing
- (26) Information about head lice is included in our education programming and planning

POLICY COMMUNICATION, TRAINING AND MONITORING

- (27) This policy and related documents can be found in the front office and on our website
- (28) The approved provider and nominated supervisor provide information, training and other resources and support regarding the [Head Lice Policy](#) and related documents
- (29) All staff (including volunteers and students) are formally inducted. They are given access to review, understand and formally acknowledge this [Head Lice Policy](#) and related documents
- (30) The nominated supervisor runs a professional development program for each staff member, which covers this policy
- (31) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training

- (32) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member
- (33) At enrolment, families are given access to our [Head Lice Policy](#) and related documents
- (34) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Regulations	
s 77	Health, safety and safe food practices
ss 85 - 89	Incidents, injury, trauma and illness

Other applicable laws and regulations

Name	Description
<i>Privacy Act 1988</i>	Principal act governing the handling of personal information
<i>Public health regulations</i>	Sets minimum exclusion periods

National Quality Standard

Standard / Element	Concept	Description
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships
5.1.2	Dignity and rights of the child	The dignity and rights of every child is maintained
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing

My Time, Our Place (MTO) V2.0

Outcome	Key component
3: CHILDREN AND YOUNG PEOPLE HAVE A STRONG SENSE OF WELLBEING	<ul style="list-style-type: none"> Children and young people are aware of and develop strategies to support their own mental and physical health, and personal safety

National Principles for Child Safe Organisations

Most relevant principles

Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Cleaning, Health and Hygiene Policy Positive Relationships for Children Policy Family and Community Partnerships Education Curriculum and Learning Policy Dealing with Infectious Diseases Policy
Procedures	Roles and Responsibilities – Head Lice (attached) Head Lice Procedure (attached)
Resources	Head Lice Treatment (attached)

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Staying Healthy 6th edition NHMRC | Public health legislation and guidance | Regulatory Authority health in ECECs guidance

POLICY INFORMATION

Approval	Dina Kahn
Review	Reviewed annually and when there are changes that may affect this policy or related procedures. The review will include checks to ensure the document reflects current legislation, continues to be effective, or whether any changes and additional training are required
<p>Last reviewed: 25th March 2026 Date for next review: 25th March 2027</p>	



APPENDIX A

ROLES AND RESPONSIBILITIES – Head lice**Approved provider responsibilities (not limited to)**

Ensure our service's policies and procedures for head lice are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Ensure this Head Lice Policy and related procedures are in place and available for inspection

Take reasonable steps to ensure our Head Lice related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Regularly review this Head Lice Policy and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this Head Lice Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Support the approved provider to ensure that our service's policies and procedures for head lice are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Implement this Head Lice Policy and related procedures

Take reasonable steps to ensure our Head Lice Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Make decisions about exclusion if a child or staff member has untreated head lice

Notify families when a head lice case occurs (without identifying individuals)

Provide information and fact sheets to families about the detection, effective and safe treatment options and prevention

Encourage families to do weekly hair checks in regular reminders

Ensure educators are trained and supported to manage head lice cases in children in a respectful, discreet and sensitive way

Contribute to policy and procedure reviews in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this [Head Lice Policy](#) and related procedures

If you suspect a child has live head lice, follow our head lice procedure (attached)

If you have head lice, start effective treatment before returning to work at the service

Encourage children to avoid direct head-to-head contact and sharing hair brushes, combs, and accessories

Share information with families about how to prevent, check for and treat head lice

Include information about head lice in our educational program with the aim of removing the stigma of head lice and teaching children how to reduce transmission

Discuss any specific needs you have related to managing head lice with your room leader, nominated supervisor or approved provider

Contribute to policy and procedure reviews and risk assessments and plans, and participate in training and professional development opportunities on health topics

Families responsibilities (not limited to)

If your child has head lice, notify our service and do not bring your child in until they have started effective treatment

If our service notifies you that your child has live head lice, follow our head lice treatment guidelines as soon as possible and don't bring your child back to the service until treatment has started

Be aware that if we find your child has head lice, we will not isolate them or send them home early. However, if an educator can't stop your child from having head-to-head contact with other children, they may ask you to collect them – or have an authorised nominee collect them - as soon as possible

Check your child's head for head lice weekly as a preventative measure

If your child has long hair, please tie it back



APPENDIX B

PROCEDURE – Head lice

1. If you suspect a child at our service has head lice:

- Discreetly and respectfully examine the child's head while wearing disposable gloves
- Do not embarrass a child or violate their privacy

2. If you find live head lice:

- Do not isolate the child
- Notify the parent or authorised nominee as soon as possible
- There is no need for a child to go home early unless you think it is impossible to stop them from having direct head-to-head contact with other children (e.g., because of their age, developmental stage or behaviour) - in which case ask the parent to arrange for the child to be collected early
- Monitor the child during the rest of the day to discourage head-to-head contact with others (e.g., cuddling)
- Complete an incident, injury, trauma and illness record
- Alert the nominated supervisor to the occurrence of head lice

3. When a parent/authorised nominee comes in to collect the child:

- Ask them to sign the incident, injury, trauma and illness record and give them a copy
- File original record in child's file and record summary details in the incident, injury, trauma and illness register
- Provide information to the family about how to effectively treat the lice and advise them to check their child's hair for lice every 2 days until no lice or eggs are found for 10 consecutive days (can give them our 'Head Lice Treatment' info sheet). Note, it is not necessary to wash clothes, towels or bedding, but they and we may wish to wash the child's pillowcase
- Tell the family to start an effective treatment before their child returns. The child can return the next day if they no longer have any live head lice

4. If the child comes to the service the next day with live head lice:

- Ask the parent/authorised nominee to collect their child
- Complete another incident, injury, trauma and illness record
- Repeat step 3

5. Additional tasks for the nominated supervisor/person in day-to-day charge:

- Alert all families and staff to the presence of head lice at our service (without identifying the affected child/ren or staff) via our noticeboard or by email/messaging app
- Communicate a request to all families to check their child's hair for lice and, if lice are found, ask them to treat them before sending the child back in
- Communicate to staff to check their own hair and treat any lice before returning to work on-site
- Provide families and staff with information about how to effectively treat head lice (can give them our 'Head Lice Treatment' info sheet)
- Regularly include reminders in our usual communication channels to families and staff to check for lice weekly and to tie up or braid long hair
- Ensure that head lice prevention and destigmatising material is included in the educational program

APPENDIX C

RESOURCE – Head Lice Treatment

The following information is adapted from NSW Health and NHMRC's Staying Healthy

What do I do if my child has head lice?

If your child has head lice, please notify us. Keep your child at home and treat them straight away. You may send your child back to our service as soon as they have started treatment. Check for lice every 2 days until no lice or eggs are found for 10 consecutive days. Check for head lice in other family members as well.

Which treatment is the best?

There are two main treatment options to remove head lice: mechanical removal and chemical removal (see next page).

Mechanical removal (also known as the 'comb and conditioner method) is the preferred way to treat head lice because it is effective, does not contribute to insecticide resistance and is low risk for skin irritation.

Registered chemical treatments that contain insecticides to kill lice are usually safe, but excessive use of other substances, such as home remedies and other insecticides, can cause irritation. Speak to a pharmacist to identify the registered treatments that are safe for you and your child.

Natural products like tea tree oil are not recommended. If you don't want to use chemical treatment, use the mechanical removal.

Do not use methylated spirits or kerosene on your child's head.

Avoid treating babies with chemical treatment, and check with your doctor about applying in pregnancy, or on people with allergies or asthma

Avoid chemical treatment on any scalp that has an open wound, or that is irritated or inflamed

How do I avoid head lice in the future?

Once your child is free of lice and nits, remember to regularly check their head. Early detection and treatment will prevent re-infestation of other family members and friends.

You can help to reduce transmission of head lice by tying hair back or braiding.

There is no preventative treatment available for head lice. Treating the whole family with chemical treatment as a precaution contributes to head lice becoming resistant to the products used.

Do I need to wash bedding and clothing?

Nits and lice only live on the human head. They quickly dehydrate and die if removed from the head.

Research suggests that bed linen, hats, clothing and furniture do not harbour or transmit lice or nits and that there is no benefit in washing them as a treatment option, though some sources suggest washing pillow slips as an extra precaution.

Mechanical removal ('comb and conditioner' method)

What you'll need for this method:

- Normal comb to detangle hair prior to using metal lice comb
- Fine toothed lice comb (available from the chemist)
- Conditioner - buy a cheap brand as you will be needing a lot of it, and preferably one that is white to make spotting the lice easier
- White paper towels

Step 1 Using a normal comb, comb hair conditioner onto dry, brushed, detangled hair. The conditioner must cover the whole scalp and all parts of the hair

Step 2 Divide hair into four or five sections and for each section:

Step 3 Use a fine lice comb and place the teeth of the comb flat against the scalp, then comb the hair from the roots to the tips

Step 4 Wipe the conditioner from the lice comb onto a paper towel and check for lice and eggs

Step 5 Repeat the combing until no more lice or nits appear on the paper towel

Step 6 Repeat process every second or third day until no nits and lice remain, usually about 7 to 10 days

For detailed guidance see: <https://www.health.nsw.gov.au/environment/headlice/Pages/treatment.aspx>

Chemical removal

What you'll need for this method:

- Normal comb to detangle hair prior to using metal lice comb
- Chemical treatment containing synthetic or natural insecticides that kill head lice (talk to a pharmacist to identify the treatments containing insecticides)

- Fine toothed lice comb (available from the local chemist)
- White paper towels

- Step 1** Ensure the product has an 'Australian Registered' or 'Listed' number
- Step 2** Read the product label's safety warnings and seek advice from your doctor if using the product during pregnancy or on a baby
- Step 3** Apply the product carefully according to manufacturer's instructions – some will need to be applied to dry hair, some to wet hair. Ensure the product is applied to all parts of the head and avoid contact with eyes, nose and mouth
- Step 4** Leave product on hair for recommended period of time, then wash out according to manufacturer's instructions
- Step 5** Using a fine tooth head lice comb, remove dead lice and eggs. If there are still live lice present, it means that they are resistant to the active ingredient. Don't reapply the same product – instead switch to another a product with a different active ingredient (you can speak to a pharmacist or doctor for advice)
- Step 6** The product's instructions may direct you to reapply the treatment after a period of time, such as a week