School Head Lice Policy

Policy Code: SCS A/016/06/09/17— *Revised to comply with DHA Regulations (Updated November 2025)*
Reviewed: January 2026 | Next Review: January 2027

1. Purpose

To reduce head-lice transmission within the school community and support the health, well-being, and uninterrupted education of all students, while ensuring compliance with DHA regulations for school clinics.

2. Scope & Applicability

This policy applies to all students enrolled at SCS, as well as school medical staff (nurses, school doctor), teaching staff, and parents/carers. It covers detection, treatment, exclusion, communication, and re-admission related to head-lice infestation.

3. Regulatory Basis

- The school clinic is licensed under the Dubai Health Authority, which mandates compliance with the "Standards for Clinics in Educational and Academic Settings."
- According to these standards, infestations of Pediculosis capitis (head lice) require exclusion until appropriate treatment is initiated.

4. Policy Statement

While parents/carers retain primary responsibility for detecting and treating head lice, SCS commits to a collaborative, transparent, and confidential approach — consistent with DHA requirements — to manage head lice effectively across the school community.

5. Roles & Responsibilities

5.1 Parents / Carers

- Weekly inspect their child's hair (ideally using the conditioner + fine-tooth comb/detection method recommended by professionals).
- Ensure children with live lice receive prompt treatment before returning to school.
- Notify the school nurse/clinic and the class teacher if live lice are found — and inform when treatment begins.
- Inspect and treat all household members if one member is infested.
- Ensure that children with long hair attend school with hair tied back (e.g. tied, braided, or otherwise secured).
- Clean personal items (pillowcases, hats, hair accessories, school uniforms, bedding) and shared items (hair brushes, scarves, hats) used by the child.
- Follow up and re-examine hair after initial treatment, per treatment instructions, to catch newly hatched lice.

5.2 School Clinic & Staff

- Provide accurate, up-to-date information about detection, treatment and prevention to families and staff upon request.
- Treat head-lice as a confidential health issue and handle all communication discreetly to avoid stigmatization.
- *Not* conduct routine school-wide head-lice inspections. However, when a suspected case is reported (by a teacher, parent, or student), the school nurse may — with parental consent — conduct a discrete examination in the clinic.
- If live lice are confirmed, contact parents promptly, request collection of the child, and advise immediate treatment the same day. The child may be allowed to complete the school day (unless local circumstances dictate otherwise), and return to class only after appropriate treatment has commenced. This follows DHA's exclusion-until-treatment-commenced guideline.
- Upon notification of a confirmed case (live lice or nits), issue a generic letter (without identifying the affected child) to all parents/guardians in the same class or year group — advising them to check their child's hair.

6. Exclusion & Re-Admission Policy

- **Exclusion**: Only students with live lice infestation are to be excluded from attending classes (or asked to go home). Students with only **nits (eggs)** should not be excluded, but parents must be notified and asked to treat as appropriate. This distinction agrees with common practices in other Dubai schools.
- **Return to School**: The student may return once:
    1. Proven first treatment (per pharmacy/doctor or over-the-counter lice treatment) has been applied, and
    2. The family confirms initiation of follow-up measures (e.g. comb-out, cleaning of personal items), or school nurse/doctor re-examines and confirms absence of live lice — at school admission or within a reasonable timeframe.
- Schools should offer guidance to families on recommended follow-up checks, including re-inspection 7–10 days after initial treatment to catch any newly hatched lice.

7. Communication & Confidentiality

- All communications regarding head-lice must preserve the confidentiality of the affected student. Letters to parents should not identify the child.
- Inform all parents in the relevant class or year group when there is a confirmed case — encouraging them to check their children's hair and act accordingly.
- Avoid public naming, embarrassment, or stigmatization; treat head-lice infestations as common and manageable health issues.

8. Prevention & Hygiene Measures (School & Home)

To reduce transmission risk:

- Encourage children not to share personal items such as combs, brushes, hats, helmets, scarves, hair accessories, towels, and bedding.
- Advise children to avoid head-to-head contact (especially during playtime, sports, or close activities).
- Recommend parents wash or dry–clean bedding, hats, scarves, soft toys, and other frequently used items.
- Provide parents with up-to-date guidance on safe lice treatment methods (medicated shampoos, fine-tooth combing) and post-treatment hygiene, per health-care professional advice.

9. Documentation & Review

- Maintain records (confidentially) of all confirmed head-lice cases, treatment follow-up, communications, and re-admission assessments.
- Review this policy annually or sooner if DHA updates its guidelines or upon observed need for change (e.g. recurrent outbreaks).

Prepared by:
Claire Marisa Garnet
Lead Nurse

Reviewed by:
Dr. Nafisa Noor
School Doctor