# ALLIGATOR CREEK STATE SCHOOL HEADLICE AND PHYSICAL INSPECTION INFORMATION FORM



## Dear Parents/Guardians

Alligator Creek State School and Education Queensland acknowledges responsibility for minimising the risk to all school community members being affected by head lice while on the school premises. Alligator Creek State School and Education Queensland also accept that parents have the responsibility for the prevention, detection and treatment of head lice.

Where the presence of head lice is an issue, it is the Principal's responsibility to ensure that:

- The school community is informed of the school's position on and procedures for preventing and dealing with the occurrence of head lice at school.
- Teachers or other school staff inform the principal immediately of students with
- evidence of the presence of head lice
- Information is provided to parents on detecting and treating head lice and are encouraged and supported in efforts to control the problem
- Procedures involving head lice incidents are conducted in a sensitive manner with respect for the privacy and emotional well being of students and their families.

Control of head lice is a community issue, which requires a cooperative approach between parents, students and the school, with assistance from Queensland Health or other local health service provider.

#### Prevention

Expectations of Schools

- Provide information on prevention, detection and treatment of head lice
- Advise parents to be vigilant at all times of the year
- Implement classroom organisation and teaching programs as well as guidelines for play that minimise head to head contact.
- Support parents through practical advice
- Request parents not to send a child with head lice to school until treatment has begun

## Expectations of Parents

Regularly inspect their child's head to detect the presence of lice or lice eggs.

Notify the school if their child is affected and advise when treatment has begun.

#### **Detection**

While it is the responsibility of parents to detect and treat head lice, the school community can assist with this process.

When the presence of head lice at school is suspected, volunteers authorised by the principal may physically and visually check for head lice with parental permission. At all times during this inspection sensitivity towards the student's privacy will be acknowledged. Whole School inspections will occur a various times throughout the year with dates being advertised in the school newsletter.

### **Treatment**

On detection of head lice or head lice eggs, parents will be notified. Proof of treatment must be provided before students can return to class.

Under some circumstances when the Principal has determined it necessary for a students wellbeing and educational development the school will undertake treatment using the services of a volunteer Registered Nurse. Parental permission must be obtained before a recommended treatment can occur.

The above information and guidelines have been developed in consultation with the Alligator Creek State School Parents and Citizens Association.

#### **Parent Action**

FAMILY NAME

Having read this information the school initially requires parental permission to inspect student's hair both visually and physically. Physical inspection will involve the volunteer registered nurse lifting the student's hair for closer inspection.

Once permission is given the school will assume that further inspections have be authorised unless otherwise notified by parents.

Any further action from the initial inspection will be communicated in writing to parents.

## HEADLICE PERMISSION FORM

| STUDENT 'S NAME:  |                           | YEAR: |     |    |  |
|---|---------------------------|-------|-----|----|--|
| STUDENT 'S NAME:  |                           | YEAR: |     |    |  |
| STUDENT 'S NAME:  |                           | YEAR: |     |    |  |
| STUDENT 'S NAME:  |                           | YEAR: |     |    |  |
| The above students have permission for their head to be visually and physically inspected YES |                           |       | YES | NO |  |
| Date  | Parent/Guardian Signature |       |     |    |  |
| Date  |                           |       |     |    |  |

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