

# **First Aid Policy**

Brackenagh West P.S. recognises its responsibilities in providing adequate and appropriate equipment, facilities and personnel to enable suitable first aid to be given at the school. It is important to remember that first-aid is to be provided for accidents, emergencies or illnesses which are unexpected, unplanned and not part of a pattern or series.

Pupils who are ill should not attend school; parents who insist on, and persist in, sending unwell children to school could ultimately be open to a charge of child neglect or abuse; social services may need to be alerted.

Most first-aid consists of making the patient comfortable whilst an ambulance is called. It is a management decision as to when an adult should accompany a sick child to hospital in the ambulance – whilst the parents are contacted. If in doubt we will send a member of staff with the child.

The school's responsibility ceases as the child is entrusted to the care of the NHS ambulance personnel. A member of school staff cannot give permission for any treatment at casualty: the Accident and Emergency staff will have to decide over questions like blood transfusions, haemophilia etc.

Brackenagh West P.S. has at least one designated member of staff responsible for First Aid. This person has an up to date First Aid at Work certificate (HSENI approved). Those designated staff members who hold a current first aid at work certificate will attend a two day refresher course every three years. They are also responsible for maintaining the correct contents of all First Aid boxes and administering basic First Aid when necessary and appropriate.

A correctly stocked first-aid box is available at all times, stored out of the reach of children. A portable first-aid kit is taken with any group during outings from Brackenagh West P.S.

Confidential medical information on each individual child will be available to the Staff, including names and contact information etc. on SIMS.net.

A record book is kept on any incident that requires first aid intervention and must be signed by the staff member(s) involved

All hospitalisation due to accidents and injuries occurring at Brackenagh West P.S. must be reported to the Principal and an Accident Report Form must be completed.

The Principal and the designated member of staff will ensure that there is a fully trained First-Aider available at all times in school. The Principal will be responsible for enabling the members of staff concerned to receive adequate first aid training.

The location of the First Aid box and the names of any other qualified First-Aiders will be clearly displayed around the premises.

A First Aid box will be taken on all off site visits or outings. This is the responsibility of the designated First-Aider, or where this is not possible, the Principal.

## **Suggested Contents of a First Aid Box**

There are no legal requirements for the contents of a first aid box, but as a guide it should include the following items:

- A leaflet giving general guidance on first aid;
- 20 hypo-allergenic plasters or micropore tape and melolin;
- 2 sterile eye pads, with attachment:
- Cotton wool;
- Lint dressings ( of assorted sizes with micropore tape to attach);
- 6 medium sized individually wrapped sterile unmedicated wound dressings approximately 10 cms x 8 cms;
- 6 safety pins;
- 2 crepe bandages;
- 2 triangular bandages;
- Scissors;
- Salt and water saline solutions;
- Blue plasters
- Disposable gloves;
- Fever / scan thermometer.

## **Health, Illness and Emergency**

Brackenagh West P.S. is committed to encouraging and promoting good health and to dealing efficiently and effectively with illnesses and emergencies that may arise while children are in our care.

## **In the Event of a Major Accident, Incident or Illness**

In the event of such an event, the following procedures will apply:

- In the first instance, the First-Aider will be notified and take responsibility for deciding upon the appropriate action.
- The First-Aider will assess the situation and decide whether the child needs to go straight to hospital or whether they can safely wait for their parent/carer to arrive.

- If the child needs to go straight to hospital, an ambulance will be called. The parent/carer will also be contacted. A member of staff will accompany the child to the hospital.
- If the child does not need to go straight to hospital but their condition means they should go home, the parent/carer will be contacted and asked to collect their child. In the meantime, the child will be made as comfortable as possible and be kept under close supervision. From this point on, the provisions of the school's Infectious and Communicable Diseases policy will govern the child's return to school if applicable.
- If and when the child is feeling sufficiently better and does not need to go home, they will be resettled back into class, but will be kept under close supervision for the remainder of the day.
- Parents/carers will be made fully aware of the details of any incidents involving their child's health and safety, and any actions taken by the school and its staff.
- All such accidents or incidents will be recorded in detail and logged in the Incident Record Book or the Accident Record Book.
- The Principal and other relevant members of staff should consider whether the accident or incident highlights any actual or potential weaknesses in the school's policies or procedures, and act accordingly, making suitable adjustments where necessary.
- In circumstances where the designated First-Aider(s) is/are absent, the Principal will assume all responsibilities, or nominate an appropriately trained replacement.
- Wherever possible, children who are prescribed medication should receive their dosage at home. If it is necessary for medication to be taken during sessions at school, the children should be encouraged to take personal responsibility for this, where this is appropriate. Parents/carers and staff should discuss such situations at the earliest possible opportunity and decide together on the best course of action – see Policy on the Administering of Medication.
- Staff have the right to decline such a request from a parent/carer if they are in any way uncomfortable with this.

### **Closing the School in an Emergency**

In very exceptional circumstances, Brackenagh West P.S. may need to be closed at very short notice due to an unexpected emergency. Such incidents could include:

- Serious weather conditions.
- Heating system failure.
- Burst water pipes.

- Discovery of dangerous structural damage.
- Fire or bomb scare/explosion.
- Death of a member of staff.
- Serious assault on a staff member by the public.
- Serious accident or illness.

In such circumstances, the Principal and staff will ensure that all steps are taken to keep both the children and themselves safe. If necessary, all staff and children will assemble at a pre-arranged spot, where the register will be taken. Steps will then be taken to inform parents/carers and to take the necessary actions in relation to the cause of the closure. All children will be supervised until they are safely collected.

### **Administering Medication**

The prime responsibility for a pupil's health rests with the parent/guardian, however, to enable pupils requiring medication to participate as fully as possible in school activities we will endeavour to assist our pupils with any medical needs, within reason.

If a child needs medication administered in school this must be conveyed in writing to the class teacher, with clear instructions provided, and we will do our best to help with this when we can. However, parents must be aware that teachers administer medication on a voluntary basis, therefore, they cannot be held responsible for a child's health and/or their medication needs.

We request that if a child that needs any medication administered in school parents should fill in Form AM2 'Request for a School to Administer Medication'.

These forms are available on request from the Secretary's Office, and should be returned to your child's class teacher once completed.

Parents need only to complete one of these forms if a child needs medication administered by one of our staff.

## **Policy for Infectious and Communicable Diseases**

Our School is committed to the health and safety of all children and staff who play, learn and work here. As such, it will sometimes be necessary to require a sick child to be collected early from school or be kept at home while they get better. In such cases, the provisions of the First Aid and Emergency Treatment policy will be implemented.

In accordance with the procedures set out in the First Aid and Emergency Treatment policy, parents/carers will be notified immediately if their child has become ill and needs to go home. Sick children will be comforted, kept safe and under supervision until they are collected.

If a child has had to go home prematurely due to illness, they should remain at home until they are better for at least 24 hours, or according to the times set out in Appendix 1 below – Guidance on Infection Control in Schools. If a member of staff becomes ill at work, similar restrictions on their return will apply.

If a child or member of staff becomes ill outside school hours, they should notify the school as soon as possible. The minimum exclusion periods outlined in Appendix 1 will then come into operation.

If any infectious or communicable disease is detected in school, the School will inform parents/carers personally as soon as possible. The School is committed to sharing as much information as possible about the source of the disease and the steps being taken to remove it.

# Guidance on infection control in schools and other childcare settings



April 2010

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment.

Please contact your local health protection unit (HPU) on .....  
or visit [www.hpa.org.uk](http://www.hpa.org.uk) if you would like any further advice or information, including the latest guidance.

| Rashes and skin infections                  | Recommended period to be kept away from school, nursery or childminders                 | Comments                                                                                                                                                                                                                                              |
|---------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Athlete's foot                              | None                                                                                    | Athletes foot is not a serious condition. Treatment is recommended                                                                                                                                                                                    |
| Chickenpox                                  | Five days from the onset of rash                                                        | SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i>                                                                                                                                                                                          |
| Cold sores, (Herpes simplex)                | None                                                                                    | Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting                                                                                                                                                             |
| German measles (rubella)*                   | Six days from onset of rash                                                             | Preventable by immunisation (MMR x 2 doses). SEE: <i>Female Staff – Pregnancy</i>                                                                                                                                                                     |
| Hand, foot and mouth                        | None                                                                                    | Contact your local HPU if a large number of children are affected. Exclusion may be considered in some circumstances                                                                                                                                  |
| Impetigo                                    | Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment | Antibiotic treatment speeds healing and reduces the infectious period                                                                                                                                                                                 |
| Measles*                                    | Four days from onset of rash                                                            | Preventable by vaccination (MMR x 2). SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i>                                                                                                                                                    |
| Molluscum contagiosum                       | None                                                                                    | A self-limiting condition                                                                                                                                                                                                                             |
| Ringworm                                    | Exclusion not usually required                                                          | Treatment is required                                                                                                                                                                                                                                 |
| Roseola (infantum)                          | None                                                                                    | None                                                                                                                                                                                                                                                  |
| Scabies                                     | Child can return after first treatment                                                  | Household and close contacts require treatment                                                                                                                                                                                                        |
| Scarlet fever*                              | Child can return 24 hours after commencing appropriate antibiotic treatment             | Antibiotic treatment recommended for the affected child                                                                                                                                                                                               |
| Slapped cheek/fifth disease. Parvovirus B19 | None                                                                                    | SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i>                                                                                                                                                                                          |
| Shingles                                    | Exclude only if rash is weeping and cannot be covered                                   | Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local HPU. SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i> |
| Warts and verrucae                          | None                                                                                    | Verrucae should be covered in swimming pools, gymnasiums and changing rooms                                                                                                                                                                           |

| Diarrhoea and vomiting illness              | Recommended period to be kept away from school, nursery or childminders                | Comments                                                                                                                       |
|---------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Diarrhoea and/or vomiting                   | 48 hours from last episode of diarrhoea or vomiting                                    |                                                                                                                                |
| <i>E. coli</i> O157 VTEC                    | Should be excluded for 48 hours from the last episode of diarrhoea                     | Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices |
| Typhoid* [and paratyphoid*] (enteric fever) | Further exclusion may be required for some children until they are no longer excreting | This guidance may also apply to some contacts who may require microbiological clearance                                        |
| Shigella (dysentery)                        |                                                                                        | Please consult your local HPU for further advice                                                                               |
| Cryptosporidiosis                           | Exclude for 48 hours from the last episode of diarrhoea                                | Exclusion from swimming is advisable for two weeks after the diarrhoea has settled                                             |

| Respiratory infections      | Recommended period to be kept away from school, nursery or childminders                                     | Comments                                                                                                                                                     |
|-----------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| *Flu (influenza)            | Until recovered                                                                                             | SEE: <i>Vulnerable Children</i>                                                                                                                              |
| Tuberculosis*               | Always consult your local HPU                                                                               | Requires prolonged close contact for spread                                                                                                                  |
| Whooping cough* (pertussis) | Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment | Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPU will organise any contact tracing necessary |

| Other infections                       | Recommended period to be kept away from school, nursery or childminders                             | Comments                                                                                                                                                                                       |
|----------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Conjunctivitis                         | None                                                                                                | If an outbreak/cluster occurs, consult your local HPU                                                                                                                                          |
| Diphtheria *                           | Exclusion is essential. Always consult with your local HPU                                          | Family contacts must be excluded until cleared to return by your local HPU. Preventable by vaccination. Your local HPU will organise any contact tracing necessary                             |
| Glandular fever                        | None                                                                                                |                                                                                                                                                                                                |
| Head lice                              | None                                                                                                | Treatment is recommended only in cases where live lice have been seen                                                                                                                          |
| Hepatitis A*                           | Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice) | In an outbreak of hepatitis A, your local HPU will advise on control measures                                                                                                                  |
| Hepatitis B*, C*, HIV/AIDS             | None                                                                                                | Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: <i>Good Hygiene Practice</i>                          |
| Meningococcal meningitis*/ septicemia* | Until recovered                                                                                     | Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will advise on any action needed                          |
| Meningitis* due to other bacteria      | Until recovered                                                                                     | Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will give advice on any action needed |
| Meningitis viral*                      | None                                                                                                | Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required                                                                     |
| MRSA                                   | None                                                                                                | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local HPU                 |
| Mumps*                                 | Exclude child for five days after onset of swelling                                                 | Preventable by vaccination (MMR x 2 doses)                                                                                                                                                     |
| Threadworms                            | None                                                                                                | Treatment is recommended for the child and household contacts                                                                                                                                  |
| Tonsillitis                            | None                                                                                                | There are many causes, but most cases are due to viruses and do not need an antibiotic                                                                                                         |

\* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local HPU. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform their local HPU.

## GOOD HYGIENE PRACTICE

**Handwashing** is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

**Coughing and sneezing** easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

**Personal protective equipment (PPE).** Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

**Cleaning** of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

**Cleaning of blood and body fluid spillages:** All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

**Laundry** should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

**Clinical waste.** Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

**Sharps** should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

## SHARPS INJURIES AND BITES

If skin is broken, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact your local HPU for advice, if unsure.

## ANIMALS

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

**Animals in school** (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

**Visits to farms.** Please contact your local environmental health department who will provide you with help and advice when you are planning a visit to a farm or similar establishment. For more information see [www.hse.gov.uk/publications/ais23.pdf](http://www.hse.gov.uk/publications/ais23.pdf)

## VULNERABLE CHILDREN

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox or measles and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

## FEMALE STAFF – PREGNANCY

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff under the age of 25 working with young children should have evidence of two doses of MMR vaccine.

\*The above advice also applies to pregnant students.

## IMMUNISATIONS

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice [www.immunisation.nhs.uk](http://www.immunisation.nhs.uk), or the school health service can advise on the latest national immunisation schedule.

|                                           |                                                                                                      |                                                 |
|-------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 2 months old                              | Diphtheria, tetanus, pertussis, polio and Hib (DtaP/IPV/Hib) Pneumococcal (PCV)                      | One injection<br>One injection                  |
| 3 months old                              | Diphtheria, tetanus, pertussis, polio and Hib (DtaP/IPV/Hib) Meningitis C (Men C)                    | One injection<br>One injection                  |
| 4 months old                              | Diphtheria, tetanus, pertussis, polio and Hib (DtaP/IPV/Hib) Pneumococcal (PCV) Meningitis C (Men C) | One injection<br>One injection<br>One injection |
| Around 12 months                          | Hib/meningitis C                                                                                     | One injection                                   |
| Around 13 months                          | Measles Mumps and Rubella (MMR) Pneumococcal (PCV)                                                   | One injection<br>One injection                  |
| Three years and four months or soon after | Diphtheria, tetanus, pertussis, polio (DtaP/IPV)or dTaP/IPV Measles Mumps and Rubella (MMR)          | One injection<br>One injection                  |
| 13 to 18 years old                        | Tetanus, diphtheria, and polio (Td/IPV)                                                              | One injection                                   |
| Girls aged 12 to 13 years                 | Cervical cancer caused by human papilloma virus types 16 and 18. HPV vaccine                         | Three doses over six months                     |

This is the UK Universal Immunisation Schedule. Children who present with certain risk factors may require additional immunisations. Some areas have local policies – check with your local HPU.

## Staff immunisations

All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations. All staff aged 16–25 should be advised to check they have had two doses of MMR.

For references visit [www.hpa.org.uk](http://www.hpa.org.uk)

Information produced with the assistance of the Royal College of Paediatrics and Child Health.

## **Policy on the Treatment of Head Lice**

The Northern Ireland regional policy for the control of head lice was introduced on 24 March 1999 and reflects national guidance.

Head lice are described in the regional policy as a problem of the wider community and not primarily a problem of schools. Brackenagh West Primary School does, however, recognise that as part of this community it can make a contribution by supporting parents in promoting and maintaining healthy, thriving children.

### *Principles*

- 1 Head lice are a problem of the whole community and are passed on by close family members and friends in the home and neighbourhood as well as in school
- 2 Head lice are transferred by direct, prolonged, head-to-head contact
- 3 Head lice infestation is not a serious physical health problem
- 4 Clear diagnosis is important - treatment should only be started if a living, moving louse is discovered
- 5 The main responsibility for the identification of head lice is that of the parents or guardians. They should identify and treat any head lice problem and seek help from their doctor or health visitor if necessary

### **School Procedure**

Information to help parents detect and treat suspected cases of head lice will be supplied as part of the school's communication with parents (Ref. Head Lice – 'Truth & Lice')

Parents are urged, as in all health matters, to seek diagnosis from a medical professional and to treat the problem immediately for the benefit of the child, family and community.

If a member of staff sees a living, moving louse in a child's hair a letter (see Appendix 2) will be sent to the parent. The reply slip should be signed and returned inside two days.

If no reply is obtained, the school nurse will be contacted. The nurse may then offer advice and support. Information will remain confidential at all times.

If a definite diagnosis of infection is confirmed within a class in school, then the school will issue that class with a general information letter (see Appendix 3).

Children who have, or are thought to have, head lice will not be excluded from school unless the parent/guardian blatantly fails to follow school/medical advice in treating the problem.

## Appendix 2

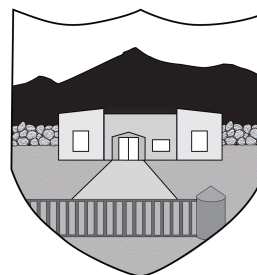
### **BRACKENAGH WEST PRIMARY SCHOOL**

22 Church Road

KILKEEL

Co Down

BT34 4QB



Tel & Fax (028) 417 65055

bwps@btconnect.com    www.bwps.co.uk

Principal: Mr M J Peacock B Ed

Dear Parent

It has been reported to me that a head louse was seen in \_\_\_\_\_'s hair today.

There is no need to be alarmed. We may be wrong, but to avoid embarrassment I would ask you to check your child's hair for yourself using a fine comb and, if required, treat the problem. Your doctor, health visitor or chemist will be able to provide you with further help and support.

As we will treat this matter in confidence there is no need to keep your child off school. I would, however, request that you return the slip below in a sealed envelope addressed to myself to confirm receipt of this letter.

Thank you.

Yours sincerely

M.J. Peacock  
(Principal)

.....  
BRACKENAGH WEST PRIMARY SCHOOL

I have received your letter dated \_\_\_\_\_ regarding a possible case of head lice. I will check my child's hair and treat any problem.

Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

## Appendix 3

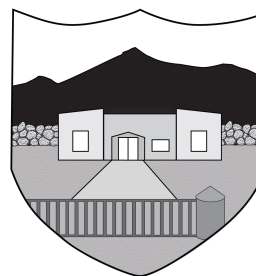
### **BRACKENAGH WEST PRIMARY SCHOOL**

22 Church Road

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Principal: Mr M J Peacock B Ed

Dear Parent

A case of head lice has been reported to me today. Please check your child's head immediately and, if necessary, treat thoroughly with any lotion recommended by a chemist or doctor. Routine head inspections are no longer carried out in schools but the following may answer some questions:

#### **How do you catch head lice?**

- Head lice cannot jump or fly. They like to live close to the scalp. They are only caught when two people's heads are in contact for some time.

#### **How do you know you have got head lice?**

- Signs of head lice include: live or dead lice in the hair, nits (empty egg cases), an itchy head, a rash round the neck or ears, dark gritty dust on pillows or collars.

#### **A weekly family check for head lice**

- Wash the hair and using a fine-toothed comb (available from chemists), comb the wet hair from the roots over a sheet of white paper. If nits or eggs are found keep combing every other day for a week to ensure that there are no live lice. If one is found, tell those in close contact and begin treatment.

Sometimes head lice "return" because the treatment was not carried out thoroughly and eggs survived.

- Hair should not normally be treated more than twice in three weeks. If the problem persists, speak to your doctor.

I hope you find this information is helpful.

Yours sincerely

M.J. Peacock  
(Principal)