

Medical Needs Policy



Woodcote Primary
School

Policy for the education of pupils with medical needs

Supporting pupils within the school community	3
Procedure to be followed when notification is received that a pupil has a medical condition	3
Individual healthcare plans.....	3
When drawing up an IHCP the following will be considered	4
Collaborative working arrangements.....	4
The Governing body responsibilities	4
The Headteacher responsibilities	5
School staff may	5
Pupils.....	5
Parent responsibilities	5
School nurse or other qualified healthcare professional’s responsibilities	6
GPs, paediatricians and other healthcare professionals’ responsibilities.....	6
Local authorities’ responsibilities	6
Providers of health services responsibilities	6
Clinical commissioning groups responsibilities	6
Staff training and support.....	6
Managing medicines on school premises.....	7
Liability and indemnity	7
Day trips, residential visits and sporting activities	8
Unacceptable practice	8
Complaints	8
Supporting pupils through periods of absence from school	8
Annex A: Process for developing individual healthcare plans	11
Annex B: Delivery of interventions to meet pupil’s medical needs: Insurance and liability	12
Annex C: Parental agreement for Woodcote Primary School to administer medicine.....	13
Annex D: Individual healthcare plan	14
Annex E: Head Lice Management	16

DfE: Ensuring a good education for children who cannot attend school because of health needs – Statutory guidance for local authorities (January 2013)

DfE: Supporting pupils at school with medical conditions – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (September 2014)

Supporting pupils within the school community

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. In September 2014 a new duty was introduced for governing bodies to make arrangements to support pupils at school with medical conditions, in terms of both physical and mental health, to enable them to play a full and active role in school life, remain healthy and achieve their academic potential.

The school's coordinator for children with medical needs will have overall responsibility for ensuring that this, and other policies and procedures, are regularly reviewed and fully implemented.

The Coordinator for pupils with medical needs is:

Natalie Conway – Assistant Headteacher for Inclusion

Procedure to be followed when notification is received that a pupil has a medical condition

When a parent informs the school that their child has a medical need the necessary information will be recorded on the Parental agreement for Woodcote Primary School to administer medicine (see annex C). Where there is no prescribed medication and where significant adjustments are being requested, parents will be asked to provide supporting evidence from a medical professional. The school will not be liable for any adjustments or failure to apply agreed adjustments unless medical evidence has been seen. Where a child's medical needs are more complex an Individual Healthcare Plan will be drawn up by the school in collaboration with the parents and where appropriate a healthcare professional. Any training needs for staff will be identified at this stage and delivered by a member of the school nursing team or an appropriate healthcare professional. The Individual Healthcare Plan will be circulated to all relevant staff. Any changes to the child's medical condition will be initiated by the parent or healthcare professional and can trigger a review of the plan. Alternatively, the plan will be reviewed annually. When a child leaves Woodcote Primary School to transfer to a new school the necessary files and information will be passed on within 2 weeks.

A flow chart to illustrate this procedure can be found at annex A.

Individual healthcare plans

Individual healthcare plans (IHCPs) can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They are likely to be helpful in the majority of cases, and especially for long-term and complex medical conditions, although not all children will require one. Plans will be reviewed and agreed by parents.

The individuals responsible for drawing up IHCPs will be:

Natalie Conway – Assistant Headteacher for Inclusion

Jane Smith – Attendance Officer

Plans will be reviewed at least annually or earlier if the child's needs change. They will be developed in the context of assessing and managing risks to the child's education, health

and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan will be linked to the child's statement or EHC plan where they have one.

When drawing up an IHCP the following will be considered

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role, cover arrangements for when they are unavailable and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional;
- who in the school needs to be aware of the child's condition and the support required
- written permission from parents and the head teacher at your school for medication to be administered by a member of staff, or self-administered by individual pupils during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements. Other pupils in the school should know what to do, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

In the event of an emergency, the ambulance (or other emergency service) should be directed to:

Woodcote Primary School, Dunsfold Rise, Coulsdon, Surrey, CR5 2ED

Collaborative working arrangements

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and where appropriate, social care professionals, local authorities and parents and pupils is critical.

The Governing body responsibilities

- ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made;
- take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex and some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how

medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. in line with their safeguarding duties, not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so;

- ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- **Governing bodies should ensure that written records are kept of all medicines administered to children.**
- **Headteachers have overall responsibility for the development of individual healthcare plans.**

The Headteacher responsibilities

- ensure that policies are developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- ensure that all staff who need to know are aware of the child's condition;
- ensure that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose;
- contact the school nursing service (mainstream schools) or special school nursing service (special schools) in the case of any child who has a medical condition that may require support at school but who has not yet been brought to the attention of the school nurse
- make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way (please see annex B for further details).

<p style="text-align: center;">Woodcote Primary School's insurance provider: Zurich Municipal Policy Number: QLA-01E207-0193</p>
--

School staff may

- any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- all staff will have received suitable training, and their competency will be assured, before they take on responsibility to support children with medical conditions.
- any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Pupils

- will often be best placed to provide information about how their medical condition affects them. They will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication, quickly and easily. Children who can take their medicines themselves or manage procedures may require a level of supervision.

Parent responsibilities

- provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases notify the school that their child has a medical condition. They will also be involved in the development and review of their child's individual

healthcare plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

School nurse or other qualified healthcare professional's responsibilities

- notify the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they will do this before the child starts at the school.
- The school nursing service would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but can support staff on implementing a child's individual healthcare plan (if required) and provide advice and liaison
- The school nursing service is able to provide training to school staff to administer the following medications:
 - o Epipen (for allergies)
 - o Buccal Midazolam (for epilepsy)
 - o Inhalers (for asthma)
- The school nursing service has a duty phone number for enquiries relating to training or health care plans and can be contacted on 020 8714 2580 (South Team).

The allocated school nurse/qualified healthcare professional is:

<i>Croydon School Nursing Team</i>

GPs, paediatricians and other healthcare professionals' responsibilities

- notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- they may provide advice on developing healthcare plans.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy or other health needs as appropriate).

Local authorities' responsibilities

- promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and the NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation;
- wherever possible, provide support, advice and guidance, including suitable training for school staff through the School Nursing Service, to ensure that the support specified within individual healthcare plans can be delivered effectively;
- work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs then the local authority has a duty to make other arrangements.

Providers of health services responsibilities

- co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.

Clinical commissioning groups responsibilities

- ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.

Staff training and support

Staff training will be provided on a needs basis according to a child's IHCP requirements.

Managing medicines on school premises

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents (It is good practice for professionals to follow the criteria commonly known as the Fraser guidelines). In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- No child under 16 will be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- The school will only accept medicines that are in-date, labelled (with the child's name and instructions for administration, dosage and storage) and provided in the original container as dispensed by a pharmacist. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container;
- Medication that can be bought over the counter is no longer prescribed by most GPs. Where there is evidence of a medical need (via a GP letter, appointment cards, evidence in school) parents can give written consent for non-prescribed medication to be administered in school. Without evidence that the school feels is satisfactory, no over the counter medication will be administered.
- All medicines will be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens will be readily available to children and not locked away;
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence;
- The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted; and if medication is for any reason not given a record must be kept and the parent informed;
- A record of all allergies of the child must be maintained;
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Liability and indemnity

Governing bodies of maintained schools and management committees of PRUs should

- ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk (please see annex B for further details).
- Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangements (RPA), a scheme provided specifically for academies. It is important that the school policy sets out the details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.
- Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.

- In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Day trips, residential visits and sporting activities

Reasonable adjustments will be made to encourage pupils with medical conditions to participate in school trips and visits, or in sporting activities. Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities. The schools will make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents;
- send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch;
- if the child becomes ill, send them to the school office or medical room unaccompanied;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child.

Complaints

Should parents be dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the school's complaints procedure.

<http://www.woodcoteprimary.croydon.sch.uk/key-information/policies/>

Supporting pupils through periods of absence from school

For some pupils, their health condition will require them to have an extended period of time out of school. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The school's coordinator for children with medical needs will take an active and continuing role in their educational, social and emotional progress. The school will at all times aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

Where a child's health condition requires an extended period of absence from school, the school may need to seek the assistance of the **Springboard Service**. Staff at the service,

including hospital tutors, will support pupils who are temporarily unable to attend classes on a full time basis. These pupils may be:

- (a) Children who have been deemed by a medical practitioner as being too ill to attend the school for more than 15 days or who have conditions which lead to recurrent absences from school which becomes significant in the longer term.
- (b) Pupils with mental health problems who are unable to attend school.

Some children with medical conditions may have a disability. Where this is the case the governing body will comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

The aim of Springboard will be to support the school in its work to reintegrate pupils into full time education at the earliest possible opportunity. In the greatest number of cases this means a return to mainstream education

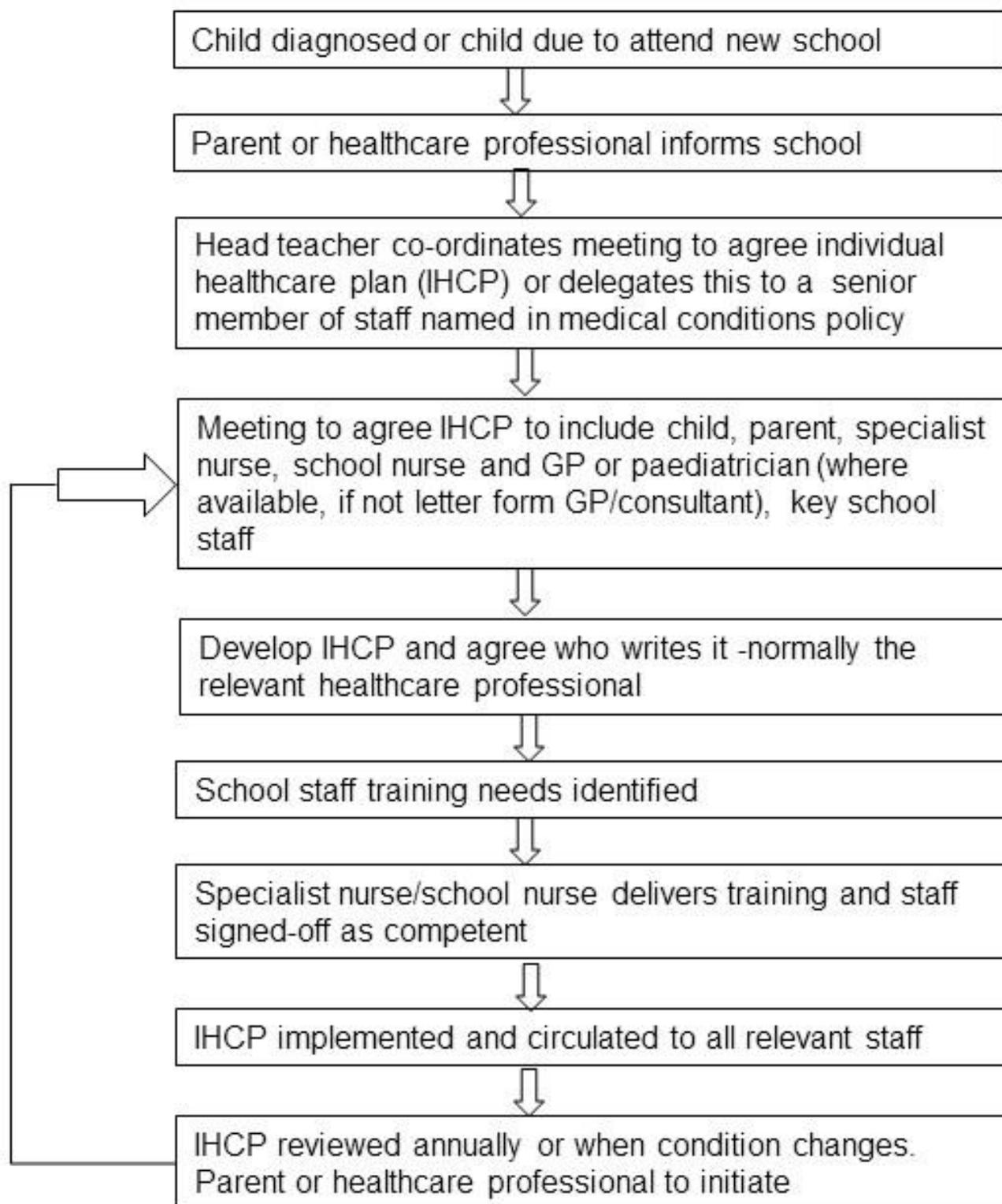
The school will continue to maintain a contact with a pupil who is unwell and not attending and will contribute to their academic and reintegration plans in order that they may enjoy a continuous level of education and support from the school during their period of absence. This may include providing to Springboard relevant information about the child, helping to maintain contact with parents, assisting with and guiding the work of the child, supporting the process of achieving public examinations or taking part in National Curriculum tests and providing emotional support at the level of teacher and peer involvement. The school will do all that it can to maintain links with appropriate agencies including Springboard, the Educational Welfare Service, and the Educational Psychology Service. . Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

Finally, the school will do all that it can to fully implement Croydon's policy on the education of children and young people with medical needs.

This policy will be reviewed regularly and will be accessible to parents/carers via the school website <http://www.woodcoteprimary.croydon.sch.uk/key-information/policies/>

Document control information				
Title	Medical Needs Policy			
Version & date	Version 4			
Author(s)	Natalie Conway			
Approver(s)	Governing Body			
Next review date	03/2021			
Distribution	All staff			
Lead Officer	Natalie Conway	Contact details	conway@woodcoteprimary.croydon.sch.uk	
Document Revision Record				
Version	Description of amendment	Reason for change	Author	Date
1	New policy approved	Updated statutory guidance	NC	16.07.2014
2	Policy amended	Updated LA model policy	NC	05.07.2016
3	Policy amended	Updated school protocol for IHCPs	NC	16.11.2017
4	Policy amended	Change in protocol for GPs prescribing medication that is available to purchase over the counter Addition of head lice guidance	NC	29.03.2019

Annex A: Process for developing individual healthcare plans



Annex B: Delivery of interventions to meet pupil's medical needs: Insurance and liability

Teachers and teaching assistants may be involved in the delivery of certain medical interventions, where it has been deemed suitable for delivery by a member of the school team.

Services such as the Special School Nursing Team deliver training and support so teaching staff can deliver medical interventions including:

- Suctioning
- Tracheostomy care
- Oxygen administration
- Cough assist and chest physiotherapy/ postural support
- Seizures
- Medication Administration
- Elimination - Intermittent Catheterisation
- Enteral (tube) Feeding

To ensure schools feel confident in such circumstances, the Council and the CCG have sought advice from the Council's internal insurance team, to gain assurance for all our staff in whatever actions they carry out within their role.

Insurance in Croydon LA maintained schools

Croydon Council maintains employer liability insurance cover for all members of staff, which includes the staff at LA maintained schools. LA schools are billed on an annual basis for their element of cover. All special schools are currently also insured through this process, whereas Academies are not. The council's insurance team have confirmed that employees are covered for actions they undertake on behalf of the council/school, unless they deliberately undertook a negligent act or acted in an unreasonable manner.

The underwriter for the Council and School's insurance has advised that the liability policy would provide cover for members of staff administering medicine to pupils, orally, topically, by injection or by tube, and the application of appliances or dressings, and any other 'non-invasive' medical procedures.

Schools and staff need to be aware of the following:

1. Staff would need to be fully trained (for example by the Special School Nurse Team) before undertaking a medical intervention,
2. Parental consent would need to be gained in writing,
3. Records of staff training and parental consent must be kept on file by the school for insurance purposes.

If any schools would like to contact the Council's Insurance Team directly for any further clarification around insurance, their contact details are insuranceteam@croydon.gov.uk

Annex C: Parental agreement for Woodcote Primary School to administer medicine

Parental agreement to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school	Woodcote Primary School
Name of child	
Date of birth	
Group/class/form	
Type of medication	Prescribed/Over the counter (delete as appropriate)
If over the counter, what medical evidence/history has been seen?	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	School Office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school/setting policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)_____

Name_____

Date_____

Annex D: Individual healthcare plan

Name of school/setting

Woodcote Primary School

Child's name

Class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Annex E: Head Lice Management

What are head lice?

A head louse is a tiny, wingless insect that can attach itself to a person's hair, where it feeds on extremely small amounts of blood from the scalp. They can only move to another head by crawling from hair to hair when the heads physically touch. Head lice lay eggs around the roots and on the hair – it is the eggs that are more commonly seen in children than the lice.

What the school will do

What the research says is not effective.

- Sending out blanket warning letters.
- Sending children home.
- Introducing routine inspections, the 'nit nurse'.

What the school will do if we see a live, moving louse in your child's hair.

- We will inform you either via a telephone call, text or seeing you at the end of the day to inform you that a live louse has been seen. This will allow you time to organise appropriate treatment that evening, before your child returns the following day.
- Only if your child is in distress or very uncomfortable will we recommend you pick them up from school early.

If your child is repeatedly suffering from head lice then, with your agreement, we will contact the school nursing service to seek their advice.

Parents' and Carers' Responsibilities

Parents or carers are responsible for preventing, detecting and treating head lice infections in their families by arranging:

- To comb/brush their own and their children's hair routinely to prevent the survival of lice.
- To check hair regularly i.e. undertake detection combing once weekly for signs of infection and also to check amongst close contacts when informed of an infection.
- To undertake "contact tracing" among all members of the family who have had head to head contact with an infected person. Contact tracing means informing people about the head lice infection so they can do detection combing and treat if necessary.
- To promptly treat any members of the family who have a head lice infection.
- To inform the school promptly if a school child is infected.
- To use proprietary lotions only as a treatment when an infection is present and not as a preventative measure.
- To seek help and advice from the school nursing team as necessary.

Some head lice facts.....

- Head lice have nothing to do with cleanliness. Anyone can have lice
- The eggs take 7 to 10 days to hatch
- "Nits" are the empty egg of a head louse after hatching
- "Nymphs" are immature head lice, reaching maturity between 7-13 days. Before this they are unable to lay eggs, or move to another head
- They can live for up to 40 days
- Lice are programmed to want to move to another head and can move quickly when disturbed – a louse can travel up to 23cm in a minute
- They cannot jump, swim or fly, only crawl from head to head
- Head lice only live on human beings, not on other animals

How to get rid of head lice

- You can treat head lice without seeing a GP.
- Treat head lice as soon as you spot them.

- You should check everyone in the house and start treating anyone who has head lice on the same day.
- There's no need to keep your child off school if they have head lice.

Wet combing

- Lice and nits can be removed by wet combing. You should try this method first.
- You can buy a special fine-toothed comb (detection comb) online or from pharmacies to remove head lice and nits.
- There may be instructions on the pack, but usually you:
 - wash hair with ordinary shampoo
 - apply lots of conditioner (any conditioner will do)
 - comb the whole head of hair, from the roots to the ends
- It usually takes about 10 minutes to comb short hair, and 20 to 30 minutes for long, frizzy or curly hair.
- Do wet combing on days 1, 5, 9 and 13 to catch any newly hatched head lice. Check again that everyone's hair is free of lice on day 17.
- For more information about wet combing, see the Community Hygiene Concern website.

Medicated lotions and sprays

- Ask your pharmacist for advice if you have tried wet combing for 17 days, but your child still has live head lice.
- They may recommend using medicated lotions and sprays. These kill head lice in all types of hair, and you can buy them from pharmacies, supermarkets or online.
- Head lice should die within a day. Some lotions and sprays come with a comb to remove dead lice and eggs.
- Some treatments need to be repeated after a week to kill any newly hatched lice.
- Check the pack to see if they're OK for you or your child and how to use them.
- If lotions or sprays don't work, speak to your pharmacist about other treatments.
- Some treatments aren't recommended because they're unlikely to work.
- For example:
 - products containing permethrin
 - head lice "repellents"
 - electric combs for head lice
 - tree and plant oil treatments, such as tea tree oil, eucalyptus oil and lavender oil herbal remedies

You can't prevent head lice

There's nothing you can do to prevent head lice.

You can help stop them spreading by wet or dry combing regularly to catch them early.

Do not use medicated lotions and sprays to prevent head lice, only to treat head lice. They can irritate the scalp.

There's no need for children to stay off school or to wash laundry on a hot wash.

This guidance has been informed by:

<https://www.nhs.uk/conditions/head-lice-and-nits/>

<https://www.nhsggc.org.uk/media/239960/stafford-head-lice-2012.pdf>