

Policy for

Managing Head Lice Infestation

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Policy Reference: HP 3.0	Date of Issue: 08 January 2018
Prepared by: Health Protection	Date of Review: 30 November 2020
Lead Reviewer: Lorraine McKee	Version: 5.0
Authorised by: Infection Control Improvement Group	Date: 18 th December 2017

Distribution

CHP Clinical Directors
CHP Lead Nurses / Nurse Managers
OOH Operations & Development Manager
All Community Pharmacists

Director of Pharmacy
All General Practitioners
All community nursing staff
All schools and Early Years Centres in Highland and Pre-school Units in Argyll & Bute Council

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Policy on Managing Head Lice Infection

Background

This document provides guidance on the management of head lice.

Aim

Head lice are a common problem in both adults and children alike. Infestation is most common amongst children and this guidance is intended to offer advice to health and education professionals on managing head lice infection in both school and community settings. It also provides helpful advice to professionals working in other care settings. The same principles of detection and treatment would apply for the management of head lice infection in adults.

The Head lice: evidence-based guidelines based on the Stafford Report 2012 update concludes that the effective management of head lice infection was dependent on **all** relevant professionals and agencies offering clear, accurate, impartial advice and support to parents and carers, and this was endorsed in their 2008 update. This guidance is intended to support those recommendations.

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What are head lice?

Head lice are small, six-legged wingless insects which are the size of a pinhead when they hatch. Once fully grown, they are just under the size of a match-head and are grey/brown in colour. For an illustration please consult page 3 of National Guidance on Managing Head Lice Infection in Children at:

<http://www.gov.scot/Resource/Doc/47034/0013852.pdf>

Head lice live on and close to the scalp at the base of the hair. This is where they find both food and warmth. They feed through the scalp of their host. The female louse lays eggs in sacs which are very small, dull in colour and well camouflaged. These are securely glued to hairs where the warmth of the scalp will hatch them out in 7 to 10 days.

Lice are difficult to detect in dry hair even when the head is closely inspected. Head lice can cause itching, but this is not always the case. During their life span of approximately one month, head lice will shed their skin up to three times. This skin, combined with louse droppings, looks like black dust and may be seen on the pillows of people with head lice.

Nits are the empty egg sacs, which are white and shiny and may be found further along the hair shaft as the hair grows. Nits are often easier to see than the head lice themselves. The presence of egg sacs or nits is evidence of a previous infection.

<p>The only evidence of an active head lice infection is the presence of a living louse on the head</p>
--

Head lice cannot fly, jump or swim; they are contracted only by direct head to head contact. The length, condition or cleanliness of hair does not predispose any particular group to head lice infection.

Whilst cleanliness is not related to contracting a head lice infection, regular hair washing and combing does offer a good opportunity to detect any infection so that it can be treated. Head lice cannot be prevented, but daily hair brushing and grooming can aid early detection.

Responsibilities

The primary responsibility for the detection and treatment of head lice in a family lies with the parents.

Detection by school nurses is not recommended as it is time consuming and cannot be done on a sufficiently regular basis to make any impact. The school inspection was found to stigmatise affected families.

Education and health professionals have a key role in providing support and advice to parents about how to identify and treat infestations effectively. It can be distressing experience both children and parents. Head lice are not harmful. Affected families should

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be re-assured that having head lice is nothing to be ashamed of. Helping parents and children to understand the facts is crucial in de-stigmatising head lice infestation.

Schools can provide valuable support by issuing comprehensive information about head lice detection and treatments to parents including information about sources of advice.

Schools are also encouraged to give regular and frequent reminders in handbooks and newsletters about the importance of detection combing (see Appendix 2 for suggested text).

For advice concerning specific treatment methods teaching staff should direct families to the local/community pharmacist, school nurse, health visitor or GP.

Within Secondary care staff must be alert to the possibility of patients being admitted with head lice infestation.

Detection

Within the community weekly checks, by 'wet combing', are the most effective method of detection by parents.

The process of wet combing is described in appendix 1.

The comb must be fine enough (with flat-faced teeth 0.2-0.3mm apart) to catch the lice. Pharmacists should be able to recommend a comb for this purpose, if any doubt arises.

Detection should be completed weekly. If head lice are found, all other family members should be checked and, if necessary, treated. Checks should be continued following treatment to ensure that it has been effective and to detect any re-infestation.

Schools, in conjunction with school nurses, may wish to organise parents' evenings during which detection combing can be taught, and combs provided if desired.

Within Secondary care settings if staff suspect a patient has an infestation they should undertake to carry out wet combing as a means of confirming the diagnosis.

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Treatment

Once infestation is confirmed there are three recommended treatment approaches: insecticide lotions, non-insecticidal lotions, and wet combing. Parents/ patients should be offered information on all approaches so that they can make an informed decision for their family.

The whole family, and all those who have been in close contact with the child/patient should be checked and, if live lice are found, treated.

Insecticides

Insecticide treatment should only ever be used to treat an active infestation. It should never be used as a preventative measure. Improper use of insecticides can lead to resistance.

Pharmacists, GP's, school nurses and health visitors should be able to provide advice on the correct use of insecticide. They can also give advice on which particular lotion is the most effective.

The advice of a health professional should be sought in the following cases

- Treatment of asthmatics or sufferers of allergies
- Treatment of pregnant or breast feeding women
- Treatment of children under 6 months.

One insecticide treatment involves two applications of the same insecticide, seven days apart .

This is because some lice eggs may not be destroyed by the first treatment. The second treatment is designed to kill the lice that hatch out of the eggs before they have a chance to reproduce.

This treatment should be applied by parents at home and staff within secondary care settings

If live head lice are discovered after the second application, the advice of a health professional should be sought before any further lotion treatment is applied.

Malathion

Malathion is an organophosphate insecticide. It is active against both hatched lice and some of their eggs. It is safe and effective. There are several formulations of malathion.

Shampoo preparations are not recommended. This is because the insecticide concentration in the shampoo is likely to be diluted by water. The contact time for lotions is greater than for shampoos. Whichever formulation is chosen the same one should be used for both applications.

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- Aqueous-based solutions – Derbac-M®. An aqueous based solution should be used by people with severe eczema, asthma, and children under six months of age, the latter under medical supervision. Malathion aqueous liquid 0.5% is available for supply by a community pharmacist as part of the NHS Highland Community Pharmacy Minor Ailments Service

Pyrethroids

Pyrethroids are a type of insecticide based on pyrethrum, a natural extract from chrysanthemums. Patients allergic to ragweed or chrysanthemums may develop contact dermatitis to pyrethroids. Some studies show that they also kill some, but not all, lice eggs. Permethrin is a synthetic pyrethroid.

Lyclear® Crème Rinse (permethrin 1%) is not recommended due to insufficient contact time. NB it is non-formulary

Non-insecticidal lotions

Dimeticone 4% lotion (Highland Formulary seventh Edition 2017)

Dimeticone is a silicone preparation that acts on the surface of head lice to prevent the excretion of water. This disruption to the water balance kills the louse. Dimeticone is not an insecticide and is widely used in many cosmetics and toiletries.

- Hedrin Lotion® (Dimeticone 4%) The lotion is applied to dry hair, ensuring that the scalp is fully covered, and left on for at least 8 hours or overnight. Hair is then shampooed as normal. This is available for supply by a community pharmacist as part of the NHS Highland Community Pharmacy Minor Ailments Service

It is suitable for children aged from six months and adults. Children under the age of six months should only be treated under medical supervision. It is safe to use during pregnancy and breastfeeding.

It is not as effective at killing lice eggs so **two applications seven days apart** are required.

Isopropyl myristate/cyclomethicone solution

This is another non-insecticidal treatment. The active ingredients, isopropyl myristate (an oily fatty acid ester), and cyclomethicone (a low surface tension silicone fluid) appear to have a detrimental effect on the breathing system of lice. It also damages the lipid coat, resulting in water loss, dehydration and death.

- Full Marks Solution®. The lotion is applied to dry hair and washed out after 10 minutes using shampoo and water. NB this is non-formulary

Two applications seven days apart are required. Not suitable for use in children under 2 years.

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Wet combing

An alternative option for dealing with head lice is wet combing, sometimes called 'bug busting'. This involves mechanical removal of all lice from the hair after the hair has been washed and conditioned. The procedure is outlined in appendix one and is the same as the procedure recommended for detection.

Wet combing as a treatment for head lice is time consuming. To be effective it must be carried out every 3 days for up to 3 weeks. Each session of wet combing can take up to half an hour.

It may be an option where parents have concerns about using insecticide preparations. Some children may be sensitive to chemicals in conditioners, so it must be emphasised that wet combing is not a wholly “natural” treatment.

The 'Bug Buster Kit' is now available for prescribing by health professionals. Only one kit is required for a family and it is reusable. Details of where to purchase the kit are found in appendix 1. The kit, which includes an illustrated guide and combs, is also available from some pharmacies. It can be provided by community pharmacists as part of the NHS Highland Community Pharmacy Minor Ailments Service.

Alternatively, individuals may purchase a suitable comb, and can be given a copy of the instructions found in Appendix 1.

Bug busting can be used as an approach to involve all parents where a cluster of children in a school are found to have head lice. Bug buster days have been found to be acceptable with parents and the occasion can also be used to address questions and misconceptions they might have.

Other Interventions which are not recommended

Essential Oils

Commonly used oils include lavender, tea tree, eucalyptus and orange oil. The evidence for these is scanty. Low concentrations of these products can be found combined with chemical treatments. These are not recommended for routine use particularly as some studies have highlighted significant adverse toxic effects of using high concentrations of essential oils.

Electronic Combs

Dry combing is considered less effective than wet combing as lice can move to evade the comb, it is uncomfortable on other than short hair, and the electronic comb is difficult to clean.

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Treatment failure

Some cases appear difficult to eradicate, and there are various causes;

- ◆ Failure to apply lotion according to instructions.
- ◆ If using wet combing as treatment method, failure to wet comb thoroughly every 3 days until no lice found.
- ◆ Re-infestation. This is indicated if full-sized adult lice are found on detection combing up to seven days after treatment.
- ◆ Resistance to the insecticide.

Before assuming resistance it is important to ensure that all the steps as outlined in the flowchart (Appendix 5) have been followed.

Also be aware that it is worth trying different formulations of the same insecticide. For example, if an aqueous based malathion solution has been used for the first treatment, and there is no contraindication, try using one with an alcohol basis.

As the mode of action of dimeticone is to physically damage the lice, resistance to this product does not occur and this product may be a useful option in suspected cases of malathion or pyrethroid resistance.

Increasingly, cases of insecticide resistance have been demonstrated. These remain in the minority, however in a case where this is suspected, further information and advice on how to proceed can be obtained from the Medical Entomology Centre. Unfortunately they are no longer able to test collected lice for resistance.

<http://www.insectresearch.com>

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Head Lice: Notes and Guidance for Primary and Secondary care teams

The role of health professionals includes education of patients and their families in the technique of detection/wet combing, and advice on appropriate treatment when there is a confirmed infestation.

Health professionals should be able to identify a louse at all stages of its development.

People should be made aware that head lice are only transmitted by direct, head to head contact.

- If practical, consider nominating a member of staff to be responsible for advising people on head louse problems. This can be a non clinical member of staff if appropriate. If examination is thought necessary, referral can then be made.
- Liaise, as appropriate, with your local/community pharmacists, school nurses, health visitors, head teachers, early years' services and the Health Protection Team at NHS Highland Board. Secondary care staff should liaise with their local Infection Prevention and Control Nurse.
- Ensure that patients are provided with information, advice and support. At a first consultation, it may be sufficient to ensure that they know how to undertake detection combing and what to do if there are head lice present.
- Do not confirm a diagnosis of head louse infestation unless you yourself have seen a living, moving louse, or you have physical evidence from the patients; ask them to stick one of the lice on a piece of paper with clear sticky tape and bring it in.
- Discourage unnecessary or inappropriate treatment with insecticides.
- Ensure that treatment is recommended for any infected cases. Adequate treatment with one of the standard chemical insecticidal lotions or dimeticone 4%, requires a repeat of the same treatment after seven days, or the use of the wet combing method, also known as 'bug busting' every 3 days for up to 3 weeks
- Ensure that a louse is found or produced before diagnosing re-infestations or treatment failures
- When a first treatment has definitely failed, it may be useful to try the same agent in a different formulation.
- The use of electronic combs, repellent sprays, or chemical agents not specifically licensed for the treatment of head louse infestations, should not be supported.
- Provide advice and support to families who do not wish to use insecticidal lotions.

This document has been adapted from appendix 1 of *Head Lice: a Report for Consultants in Communicable Disease Control (CCDCs)*.

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Head Lice: Notes and Guidance for Pharmacists

Pharmacists are an important source of advice on the management of head louse infestation. They should be knowledgeable and competent on the subject, be able to teach patients the technique of detection combing, and be prepared to advise appropriate treatment.

Pharmacists have an especially important role in limiting chemical treatment to true cases of infestation. Reducing unnecessary and inappropriate treatment and consequently reducing the risk of further development of resistant strains of lice.

Pharmacists should be able to identify a louse at all stages of its development.

- If practical, consider nominating a member of staff to be responsible for advising people on head louse problems.
- Liaise, as appropriate, with your local family practices, school nurses, health visitors, head teachers, infection prevention and control nurses, early years services and the Health Protection Team at NHS Highland Board.
- Do not assume a person has head lice unless you yourself have seen a living, moving louse, or you have physical evidence from the person; ask them to stick one of the lice on a piece of paper with clear sticky tape and bring it in.
- Make every effort to discourage unnecessary or inappropriate treatment with insecticides.
- Only recommend treatment if a louse has been clearly identified.
- Ensure that people know the correct use of lotions - follow the British National Formulary's recommendations regarding use of insecticides or dimeticone.
- Do not recommend re-treatment without first of all establishing that living, moving lice are still present after two applications of the same lotion seven days apart and after a full professional assessment of the compliance to treatment.
- Bear in mind that different formulations of the same active ingredient may be differently efficacious. When a first treatment has definitely failed, it may be useful to try the same agent in a different formulation.
- The use of electronic combs, repellent sprays, or chemical agents not specifically licensed for the treatment of head louse infections, should not be supported.
- Ensure that you can provide people with an effective detection comb. This will have rigid plastic teeth set not more than 0.3mm apart.
- Do provide advice and support to families who do not wish to use insecticidal lotions.

This document has been adapted from appendix 2 of *Head Lice: a Report for Consultants in Communicable Disease Control* (CCDCs)

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Head Lice: Notes and Guidance for Health Visitors and School Nurses (Early Years & School Years)

Health professionals should be able to identify a louse at all stages of its development. Parents and staff should be made aware that head lice are only transmitted by direct, head to head contact.

- Routine head inspections should never be undertaken as a screening procedure.
- Detection combing should be done by parents with information and support
- Only diagnose an infestation once you yourself have seen a living, moving louse, or you have physical evidence from the parents; ask them to stick one of the lice on a piece of paper with clear sticky tape and bring it in.
- Support parents to identify and detection comb contacts
- Reinforce the importance of appropriate and adequate treatment of all confirmed cases
- Make a professional assessment of reported cases of persistent head louse infestation of any child in the school/early years centre. If the report is from the child's parent, make sure that the parents are provided with information, advice and support. If the report is from a teacher, for example that the child is scratching continuously or that a moving louse has been seen on the head, it may be necessary to confidentially and sensitively inform the parents or carers of the child. If your knowledge of the parents or carers is good, it may be sufficient to make contact with them to ensure that they know how to undertake detection combing and what to do if there are head lice present.
- Early Years Centres/Pre-school Units should not issue "alert letters" to other parents/carers.
- Regular updates should be issued to parents and carers, perhaps in newsletters, reminding them of their responsibility to check their children's hair at least once a week using the wet combing method.
- Familiarise yourself with the correct use of all treatment methods to be able to advise parents and carers.
- Make every effort to discourage unnecessary treatment with insecticides.
- Do not recommend re-treatment without first of all establishing that living, moving lice are still present after two applications of the same lotion seven days apart. Or if the family were using the wet combing method also known as 'bug busting', ensure they have repeated the process every 3 days for up to 3 weeks.
- Be prepared to do a home visit if that is the most tactful and effective way of dealing with a persistent head lice problem within a family. You have the professional skills and training to educate, persuade, inform, guide and support them.
- The use of electronic combs, repellent sprays, or chemical agents not specifically licensed for the treatment of head louse infections should not be supported.
- You should play an active part in providing regular helpful and accurate information about head lice to parents and staff. This could be done in conjunction with other health professionals.
- A regular education campaign can be beneficial

Continued overleaf

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- Use of bug busting days and campaigns can be an effective and non stigmatising way of involving and educating parents.

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Head Lice: Notes and Guidance for Head Teachers

Head louse infestation is a problem of the wider community. At any one time, most schools will have a few children who have active infestation with head lice. This is often between 0% and 5%, rarely more. The role of the school is to provide factual information and support to parents to help them address the infestation.

- Ensure that your school nurse is informed, in confidence, of cases of head louse infestation. The school nurse will assess the individual report and may decide to make contact with the parents to offer information, advice and support.
- Keep individual reports confidential, and encourage your staff to do likewise.
- Collaborate with your school nurse in providing educational information to your parents and children about head lice.
- Send out information on a regular basis (e.g. monthly “flyers”) reminding parents of their responsibility to check their children's hair at least once a week using the wet combing method. Text suitable for inclusion in a school newsletter is included in Appendix 2.
- Consider asking your school nurse to arrange a talk to parents at the school if they are very concerned. Be present yourself and encourage your staff to attend. Some schools organise workshops for parents of P1 children. Others hold 'bug busting' awareness weeks to educate and encourage both children and parents/carers to check for head lice at home on a weekly basis.
- Ensure, with the school nurse, that your parents have access to information, including instructions on proper detection by wet combing, the avoidance of unnecessary or inappropriate treatments, and the thorough and adequate treatment of confirmed infections using either an insecticidal lotion, dimeticone 4%, or the 'bug busting' technique as described in the appendix 1.
- Advise concerned parents to seek the professional advice of the school nurse, health visitor, GP, or a pharmacist.
- Ensure that all new parents are given contact details and information about the role of the school nurse.
- If the school suspects that a child has head lice a letter should be sent home with the affected child only – see Appendix 3
- "Alert letters" should never be sent out to other parents because:
 - They are not routinely sent out for other, more communicable diseases or infections.
 - Most schools are likely to have a few pupils with head lice at any one time.
 - They often lead parents to believe that there is an “outbreak” when in fact; only one child in the class may be infected. Those parents might then treat their own child preventatively, which is neither necessary nor advised.
- Children who have, or are thought to have, head lice should not be excluded from school.

This document has been adapted from appendix 4 of *Head Lice: a Report for Consultants in Communicable Disease Control* (CCDCs).

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Head Lice: Notes and Guidance for Staff of Early Years Centres/Pre-school Units and Other Childcare Providers

Head louse infestation is a problem of the wider community. The role of child care providers is in giving parents information and support. Head lice will not be eradicated in the foreseeable future, but a sensible, informed approach, based on facts, will help to limit the problem. Within a setting where there are a number of children together, at any one time, there will be a few children with an active head lice infestation.

- A member of staff could be nominated who is responsible for dealing with head lice queries.
- Childcare providers should maintain a link with their health visitor or local school nurse
- Education of parents in reliable detection is the first step towards overcoming the head lice problem.
- Collaborate with your health visitor and/or school nurse in providing educational information to your parents and children about head lice. Send out information on a regular basis reminding parents of their responsibility to check their children's hair at least once a week using the wet combing method. (See Appendix 2)
- Some primary schools organise workshops for parents. Others hold 'bug busting' awareness weeks to educate and encourage both children and parents/carers to check for head lice at home on a weekly basis. Consider allowing your staff to attend so that they are aware of the guidance. .
- Be prepared to offer parents information, including instructions on detection by wet combing, the avoidance of unnecessary or inappropriate treatments, and the thorough and adequate treatment of definitely confirmed infections and their contacts using either an insecticidal lotion, dimeticone 4% or the 'bug busting' technique as described in appendix 1.
- Advise concerned parents to seek the professional advice of the school nurse, health visitor, GP, or a pharmacist.

If you suspect that a child has head lice

- All staff should keep individual reports confidential.
- If a group of children are concerned, inform the nominated member of staff
- Contact the parents individually and privately. Offer them information and suggest they seek professional advice if necessary

"Alert letters" should never be sent out to other parents because:

- They are not routinely sent out for other, more communicable diseases or infections.
- You are likely to have only a few children with head lice at any one time.
- They often lead parents to believe that there is an "outbreak" when in fact; only one child in a group may be infected. Those parents might then treat their own child preventatively, which is neither necessary nor advised.
- Children who have, or are thought to have, head lice should not be excluded from your childcare provision.

This document has been adapted from appendix 4 of *Head Lice: a Report for Consultants in Communicable Disease Control (CCDCs)*.

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Distribution of leaflets and detection combs

Early Years Centres in Highland Council

All Early Years Centres should include a copy of the leaflet *Head Lice, Information for parents* along with a detection comb in their welcome packs/information given on entry. Supplies of both may be obtained from:

Health Information and Resources Service

Tel: 01463 704647

Email: hirs.mailbox@nhs.net

HIRS website for ordering materials is <http://healthyhighlanders.co.uk/HPAC>

Pre-school Units in Argyll & Bute Council

Pre-school Units should obtain copies of the leaflet *Head Lice, Information for parents*, and detection combs for insertion into welcome packs/information given on entry. These can be requested from:

Oban Education Office

Dalintart Drive

Oban

PA34 4EF

Tel: 01631 564908

See the electronic link below of the leaflet *Head Lice, Information for parents*
<http://www.healthscotland.com/uploads/documents/19855-HeadLiceEnglish.pdf>

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Acknowledgements:

Highland NHS Board acknowledges the use of much of the text from the document published by the Scottish Executive (2003), National Guidance on Managing Head Lice Infection in Children. Available at:

<http://www.scotland.gov.uk/Resource/Doc/47034/0013852.pdf>

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Dawes *Combing and combating head lice*, BMJ 2005 331 7513 362-3

DeMaeseneer *Wet combing versus traditional scalp inspection to detect head lice in schoolchildren* BMJ (2000) 321 1187-1188

Ibarra, Fry et al *Overcoming health inequalities by using the Bug Busting whole school approach to eradicate head lice* J Clin Nurs 2007 16 10 1955-65

Public Health Medicine Environmental Group (2012) *Head Lice: Evidence-based guidelines based on the Stafford Report. 2012 Update.*

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Appendix 1

Wet combing

This method of treatment involves thoroughly combing the hair with a special comb that is capable of picking out lice. Success will depend on how committed you are!

Obtain a plastic comb with very fine teeth, no more than 0.3mm apart.

- ◆ First comb through wet hair with an ordinary comb to get rid of knots and tangles.
- ◆ Apply conditioner to make it easier to comb the hair with the fine toothed comb.
- ◆ Comb through every bit of hair, pulling the comb from the scalp to the hair ends.
- ◆ If you find lice, wipe them on to a tissue, or rinse them off the comb and down the sink.
- ◆ Work through the hair until you've gone through it twice.
- ◆ Rinse off the conditioner.

You need to do this every three or four days to make sure that you catch any new lice that have hatched since you last combed the hair. The aim is to break the life cycle of the lice. The idea is that by removing lice early on in their life cycle, you'll stop them from becoming mature enough to lay more eggs. After about two weeks, all the lice should have been removed.

Continue until you no longer find any lice for at least two treatments in a row.

Bug Busting kits are available at community pharmacists through the Minor ailments service . Alternatively they can be ordered from:

Community Hygiene Concern

Manor Gardens Centre

6-9 Manor Gardens

London N7 6LA

020 7686 4321

<http://www.nits.net/bugbusting>

Suitable combs (not endorsed by NHS) can be sourced at

EMT Healthcare Ltd

Boulevard Industrial Park

Beacon Road

Beeston

Nottingham NG9 2JR

0115 849 7700

sales@emthealthcare.com

www.emthealthcare.co.uk

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Appendix 2

Text for school newsletters

The following text is provided for you to copy and paste into school newsletters on a regular basis:

Information about Head Lice

Head Lice are a common problem in school aged children. They can't be prevented, but regular checking ensures early detection and treatment if necessary. Parents and carers should check their children's head once a week during hair washing. You need your usual shampoo, conditioner, and a detection comb – ask your local pharmacist to recommend a suitable one. Remember that you are looking for living moving lice, the only evidence that your child is infected.

If you find a living louse, ask your local pharmacist, school nurse, health visitor or GP for advice regarding treatment.

For further information see:

<http://www.nits.net/bugbusting>

<http://www.nhshighland.scot.nhs.uk> – search on head lice

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Policy on Managing Head Lice Infection

Appendix 3

The text below should be used on the headed notepaper of your own school/Early years Centre/Pre-school Unit if you discover a particular child to have a head lice infection, as identified by seeing a living louse. NO letters should be sent to the parents of any other children.

Dear Parent

Based on observation, it seems likely that [name *] may have head lice. Lotion to treat the infection is available from your local pharmacist, who will give you any additional advice and information you may require. Alternatively, you may prefer to consult your School Nurse, Health Visitor or GP. An information leaflet about head lice and how to detect them is enclosed with this letter.

As head lice are mainly spread by prolonged, head to head contact, they are usually caught from family and close friends. It is necessary that you advise all of your child's close contacts to check their hair, but treatment should only be applied if a living louse is found.

Your child does not need to remain off school, but it is important to commence treatment as soon as infection is confirmed.

Useful information is available at:

<http://www.healthscotland.com/uploads/documents/19855-HeadLiceEnglish.pdf>
<http://www.nits.net/bugbusting>

Yours sincerely

Head teacher

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Appendix 4

Text for P1 letter

The following text is suggested as being suitable for school nurses to send to children starting P1.

Dear Parents

Head Lice

Head lice are a common problem, which can affect the whole community, adults and children alike. It is most common amongst children, and it is important to detect and treat as promptly as possible.

The only effective way to detect head lice is to carry out wet combing, and ideally this should be done weekly. You will have received a leaflet and detection comb when your child started nursery – if you need another comb, please ask your local pharmacist for advice on purchasing a suitable one.

How to wet comb:

1. Wash the hair and apply conditioner
2. Comb through with a wide toothed comb to remove tangles
3. Taking a section at a time, pull the detection comb through the hair. Make sure the teeth of the comb slot into the hair at the roots and draw down to the ends of the hair with every stroke
4. Check the comb for lice after each section. Do not confuse lice or their eggs with dandruff
5. Check all family members at the same time
6. Treat all infected family members (those in whom live lice are found)
7. Repeat the process after completion of treatment to ensure that it has been effective

Remember that to be effective wet combing should be done weekly!

Useful information is available at:

<http://www.nits.net/bugbusting>

A leaflet published by Health Scotland is available at:

<http://www.healthscotland.com/uploads/documents/19855-HeadLiceEnglish.pdf>

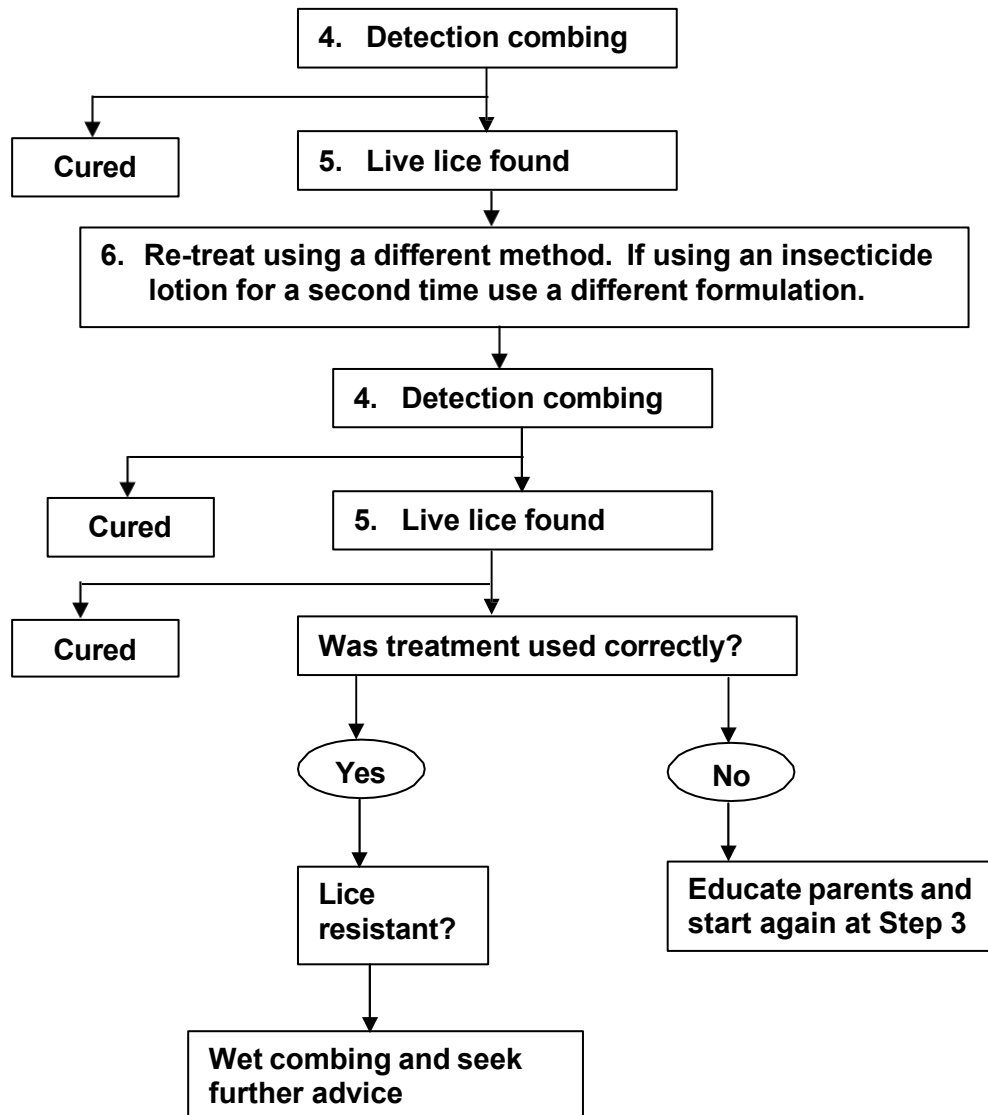
Yours sincerely

School Nurse

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Appendix 5

HEAD LICE TREATMENT



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