NHS FORTH VALLEY
Head Lice Policy

Policy Reference	ICT/26
Date of First Issue	August 2010
Approved	May 2014
Current Issue Date	May 2014
Review Date	May 2017
Version	1.2
EQIA	Yes 20/08/10
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Group Committee – Final Approval	Area Infection Prevention and Control Committee

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Consultation and Change Record

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Distribution:	NHSFV Intranet & Infection Control Manual

Change Record: Version 1.1

Date	Author	Change	Version
August 2010	C McDermott	Existing primary care Head Lice Policy made area wide to cover primary and secondary care services. Changes to treatment of Headlice.	Version 1
December 2011	C McDermott	Contact telephone numbers changed due to relocation of services and review dates on leaflets amended	Version 1.1
May 2014	C McDermott	No changes required	Version 1.1

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1. Aims

To enable Healthcare Workers, Parents, Guardians, Carers, Pharmacists, Local Authorities, Staff Nurses for Schools, Health Visitors and Public Health Team to recognise head lice infestation in patients.

To provide guidance on the management and treatment of headlice for Healthcare Workers, Parents, Guardians, Carers Pharmacists, Local Authorities, Staff Nurses for Schools, Health Visitors and Public Health Team.

2. Objectives

To ensure that Healthcare Workers, Parents, Guardians, Carers, Pharmacists, Local Authorities, Staff Nurses for Schools, Health Visitors and Public Health Team are aware of the policy content and control measures required to minimise and prevent or control spread of infection.

3. Responsibilities

3.1 All Staff

- Must adhere to the policy;
- Are responsible for minimising the potential for cross infection.

3.2 All Managers

- Are responsible for ensuring that staff are aware of the policy, that it is adhered to and that the resources required are made available.

3.3 Infection Control Team

- In collaboration with the Head Lice Management Team must keep the policy up to date;
- Audit compliance with the policy.

3.4 Parents, Guardians and Carers

- Are responsible for their child's health and well being and regularly checking on their child's head for headlice and ensuring treatment is carried out.

3.5 Primary Care Team (GP's and Community Based Nurses)

- Are responsible for advising and teaching parents, guardians, carers about detection combing and treatment.

3.6 Pharmacists

- Are responsible for ensuring that accurate information and advice is given to patents, guardians and carers in line with current policy.

3.7 Local Authorities/Education Department

- Are responsible for encouraging pro-active education on headlice and to raise awareness through regular communication.

3.8 Staff Nurses for Schools and Health Visitors

- Are responsible for professional advice given to parent, guardians, carers and to follow current policy.

3.9 Public Health Team

- Are responsible for advising and supporting professionals and the population.

4. Detection/Management Suspected/Confirmed Head Lice Case

Case of Head Lice Suspected

Signs and symptoms may include itchy head, nit cases visible, contact with individual already confirmed as having head lice.

Yes

Routine Detection Combing

- Wash hair and apply a conditioner;
- Comb hair with ordinary comb to get rid of tangles;
- Start at the top of the head and work round and down the scalp. Take a small section of hair and then comb thoroughly from hair root to end with detection comb;
- Remember to comb over a light coloured surface e.g. white towel, paper etc so lice can be seen;
- Check the comb for lice between each stroke and remove any lice before combing the next section of the hair;
- Clean the comb using washing up liquid under a running tap, when finished.

No Further Action ← **No lice found**

Living, moving lice found → **Treat**

Advice about Treatment of a Case

One complete treatment consists of TWO applications of lotion SEVEN days apart.

1. Wash the affected person's hair with mild shampoo to remove any conditioner or chlorine (from swimming). Dry the hair well and allow head to cool for 30 minutes before applying head lice lotion to clean hair;
2. Apply and rub in lotion carefully ensuring the scalp and roots of the hair are covered;
3. Allow the hair to dry naturally (no hair dryer);
4. Leave the lotion on for the time recommended by the manufacturer of the lotion (see instructions on/with bottle). Do not leave on longer as this can cause skin irritation;
5. After the time required, wash off the lotion;
6. Continue to use detection comb every 3 days during treatment (daily combing maybe advise in severe cases);
7. Complete treatment by repeating the lotion application seven days later (see steps 1 to 6);
8. **Check head 2-3 days after treatment completed.** If living, moving lice found then seek further advice;
9. Individuals should not stay off work, nursery or school;
10. Contacts should be asked to check their heads for any moving living lice.

Recommended Treatment Choices

A structured MOSAIC approach where patients/clients are recommended alternating therapies has been approved throughout Forth Valley.
The 2 current recommended products are: -
1st choice – Malathion 0.5% (Derbac M)
2nd choice – Dimeticone 4% (Hedrin®)

Enough lotion must be supplied for 2 applications 7 days apart.

Families may request a prescription and this should be provided when there is evidence of live louse/lice found.

Consult NHS Forth Valley Head Lice Management Guidance document for further advice.

5. Background to Current Guidelines

The focus of this document is on prevention rather than cure. *It emphasises that head lice are a community problem – not a school issue.* The responsibility for identification, treatment and management of head lice lies with parents/guardians/carers, supported by instruction/advice from healthcare professionals.

Head lice are a worldwide problem. Whilst the majority of cases occur among pre-school and primary age children, adults may also be affected and act as hidden reservoirs of infection.

Problems associated with head lice from the stigma attached to the infection, phobic reactions and embarrassment leading to concealment which may compromise effective treatment contact tracing. In being sensitive to the public perception of head lice as a “dirty” condition this policy uses the term “infection” rather then infestation which may have less unpleasant overtones.

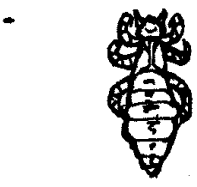
6. Epidemiology

The head louse is a small wingless parasite that lives on the hair near the scalp. Infection is widespread in the population most commonly occurring on children. Head lice cannot live free of the host and will dehydrate and die if they leave the head. Infection is asymptomatic with itching occurring only in about 15-30% of those affected. The resulting scratching may give rise to secondary infection.

The reservoir is humans and transmission is by head-to-head contact, but spread may also occur through the sharing of their brushes and accessories. The contact must be sufficiently close and long to allow a 'warm zone' to develop between the two heads and then the lice traverse this to spread evenly over the warm scalp area available to them. Transmission is more likely to occur amongst families and close friends rather than within schools. However, all school staff should be aware that they are at risk.

The female lays up to 10 times a day not necessarily at the hair root but in a position where it will incubate. The eggs take 7-10 days to hatch and the empty shell is called a nit and is easily seen. Head lice become fully mature after two days and live up to four weeks. It should be noted that clean hair offers no protection.

Lice - Actual Size Magnified



7. Diagnosis

7.1 Lice Detection: Only One Sure Way

A diagnosis of head louse infection cannot be made with certainty (no matter how many nits are present, how many reported cases there are in school, how bad the itch is, or however dirty the pillows are) unless a **living**, **moving louse** is found.

7.2 Detection Combing

The only reliable method of diagnosing current, active infection with head lice is by detection combing (See flowchart on page 5), although other clues may be present e.g. pillows being dirtier than usual in the morning.

7.3 Diagnosis

When patients/clients present to General Practitioner, Staff Nurses for Schools or other Professionals reporting self diagnosis of head lice infection, it should be remembered that there are other causes of an itching scalp e.g. eczema; seborrhoea; psychogenic itch; louse phobia; extinct/treated infection but itch persisting; incorrect diagnosis of head lice; inappropriate use of eradication chemicals/products.

7.4 Seasonal Incidence

There will always be a background level of head louse activity in the general population. However GP's, Pharmacists, Staff Nurses for Schools and Health Visitors may periodically become aware that the number of cases confirmed unaccountably exceed the norm. This satisfies the criteria for definition of a real "outbreak".

This information must be communicated by any Healthcare Professional who suspect an outbreak to the Consultant in Public Health Medicine and Consultant Community Paediatrician in order to investigate any insecticidal resistance and review treatment advice.

8. Treatment

8.1 Insecticides

Insecticidal preparations to treat head lice infections should never be recommended for use unless a living, moving louse has been found. It is only necessary to treat the infected person, however it may be prudent to check those who may have had head-to-head contact.

Insecticides should not be used for more than one complete treatment of two applications, seven days apart (See flowchart on page 3)

It is important that insecticidal preparations are used correctly for reasons of safety and to avoid skin irritation. The effects of inappropriate application i.e. using it 'just in case' or more frequently than advised can result in severe skin damage. Prolonged use of one insecticide also results in resistance.

8.2 Failed Treatments

Treatment failures are usually because the product has been used incorrectly however, the reason for failure should always be thoroughly investigated before retreating. Other reasons for failure are misdiagnosis, psychogenic itch, incorrect application of product, re-infection, irritation caused by the product ingredients and resistance.

A distinction between re-infection and a continuing infection should be made. Parents/Guardians/Carers should be advised to seek medical advice if a child has head lice following a full course of treatment.

8.3 Management/Treatment of Head Lice (See flowchart on page 5).

Insecticides should never be recommended unless a living, moving louse is present (black sesame seed size, not white nit cases). **Use one complete treatment of two applications, 7 days apart**. This should only be repeated 14 days later if indicated through a careful assessment by the general practitioner, primary care staff or pharmacist.

The insecticides recommended for treatment have proven efficacy. Shampoos, mousse, zappers and tea tree oil products, etc do not.

Due to rationalisation of product ranges by manufacturers concerned all Phenothrin and Malathion products (except Derbac M) have been discontinued. Dimeticone 4% (Hedrin®) has been deemed a suitable 2nd choice.

Treatment Choice	Active Ingredient	Product	Nurse Prescribable	Pack Size
1st Choice	Malathion 0.5%	**Derbac M Liquid (aqueous)**	✓ ✓	**50ml** **200ml**
2nd Choice	Dimeticone 4%	Hedrin® lotion	✓ ✓	**50ml** **150ml**

All prescriptions should be supplied with:

- An NHS Forth Valley Head Lice leaflet;
- A Forth Valley Frequently Asked Questions leaflet;
- A discussion with the patient/carer on combing technique;
- A reminder on the importance of contact tracing.

8.4 Bug Busting

Mechanical removal of head lice may be a last resort if chemical treatments fail or if the patient/parent has refused treatment with an insecticide or if families prefer this method and are prepared to take the time to undertake.

Method - hair should be washed and with conditioner still on the hair, it is combed gradually using a fine toothed detection comb, section by section to remove the lice. The procedure must be carried out every 3 days for up to 3 weeks, (See flow chart on page 3, Detection/Management Suspected/Confirmed Head Lice Case).

Bug busting kits are available on drug tariff from local pharmacys or:

Community Hygiene Concern
6 - 9 Manor Gardens
London
N7 67A
Telephone: 020 7686 4321
Website Address:
www.chc.org

8.5 Additional Treatment information

There is often unnecessary and excessive use of insecticides especially by parents/guardians/carers who mistakenly think that regular application of treatments will prevent infection by head lice. This practice should be discouraged.

Insecticidal Shampoos
These are ineffective and should not be recommended to affected persons.

Side Effects of Treatment
Reported side effects are often due to the formulation rather than the insecticide. The alcohol base used for the majority of preparations must be used with care and are contraindicated for persons with asthma or eczema and young children, who should use a water based treatment.

Prescriptions
Prescribed treatments are free to children under 16 (plus other exempt groups of patients/clients).

Prescriptions for bug busting kits should be obtained using the same channels for head lice lotions.

9. Prevention of Head Lice

9.1 Evidence Based Practice

There have been many media articles advocating therapies and equipment e.g. stun combs, which have had no scientific trials. This policy and supporting training pack have been produced in line with current evidence. Professionals should not endorse the use of alternative preparations/therapies of unproven efficiency.

9.2 Hair Care

Regular detection combing of hair using a fine toothed detection comb should be encouraged as a means of detection and prompt treatment. There have been some scientific trials which support combing as a means of early detection and prevention. This should be done weekly.

9.3 Staff

Any member of School or Healthcare Staff who becomes affected should follow the same advice for prevention and treatment.

10. Responsibility in the Community

10.1 Parents/Guardians/Carers

Parent/guardians/carers are responsible for the health and welfare of their children. This includes regular checking of their child's head for head lice infection and ensuring where appropriate, treatment protocols and combing regimes are carried out. This also includes combing nits out following treatment, as these can look unsightly.
NB. School and Healthcare Staff do not undertake head inspections.

10.2 The Primary Care Team (See Appendix One, Guidance for All)

Nowadays Primary Care Teams (general practitioners and community-based nurses) should be knowledgeable and competent in the prevention, diagnosis and treatment of head lice. Designated staff should be able to teach parents/guardians/carers the technique of detection combing and be prepared to advise appropriate treatment. Treatment should never be advised unless the professional being consulted is convinced by physical evidence that living lice are present.

10.3 Pharmacists (See Appendix One, Guidance for All)

Local pharmacists should have a copy of the current guidelines available for reference and should ensure that staff are familiar with the relevant sections. Every opportunity should be taken to give accurate information to the public and also ensure recommended insecticides and treatments, combs etc are easily accessible throughout the year especially at traditional peak times.

10.4 Local Authorities

The Education Departments of each Local Authority should work with the Parents/Carers, Head Teachers and Healthcare Professionals to encourage pro-active education. The practice of sending out Class “alert” letters by schools has ceased and should not be re-introduced. A pro-active approach to raise awareness of head lice infection by newsletter/regular communications should be considered.

10.5 Staff Nurses for Schools and Health Visitors
(See Appendix One, Guidance for All)

Staff Nurses for Schools and Health Visitors have responsibility for professional advice to staff, parents, guardians and children and for following local guidelines, which are agreed with the Community Paediatrician and Consultant in Public Health Medicine (Communicable Diseases and Environmental Health).

Staff Nurses for Schools and Health Visitors should provide clear, accurate, up-to-date information about head lice. This should be done on a regular basis not only when parents or guardians or teachers concern is already raised or there is an "outbreak" in the school. It should generally be integrated with the management of other school health problems rather than as a special separate topic. Staff Nurses for Schools and Health Visitors should be prepared to teach detection combing to groups of individuals as required and give advice on treatment and prevention. They should not undertake head inspections as a routine screening procedure.

10.6 Public Health Team

The Public Health Team are responsible for advising and supporting professionals and the population as a whole.

11. Education (Refer also to Forth Valley Head Lice Training Pack)

11.1 Education Establishments

The head of education establishments have a vital role to play in both teaching their staff and parents/clients or guardians about detection and diagnosis of head lice.

Local authorities and head teachers have many opportunities to support parents via educational materials, special meetings and health promotion using a pro-active approach.

Great care should be taken in planning and preparing any materials for educational sessions or for wider distribution. It is probably far more effective to maintain awareness throughout the year.

11.2 Pharmacy

The community pharmacy can provide valuable advice about prevention, detection and treatment.

Pharmacy staff should be familiar with treatments and application methods, be aware of the sensitive nature of the problem and deal with it discreetly.

12. Training

12.1 Lice Detection

Training in head lice detection and management should be co-ordinated by the Head Lice Locality Link Personnel.

13. Complaints

Complaints regarding detection and management of head lice should be dealt with sympathetically but in line with the policy. Formal complaints should be directed to the Complaints Manager.

14. Notes and Guidance for All

General Primary Care Teams, Community Pharmacists, Public Health Nurses (Schools), Staff Nurses for Schools, Health Visitors, Head Teachers and School Staff and Nominated Link Personnel

Head louse infection is not primarily a problem of schools but of the wider community.

As for any other infectious condition in their patients/clients, primary care teams should be knowledgeable and competent in the prevention, diagnosis and treatment of head lice. They should be able to teach patients/clients the technique of detection combing and be prepared to advise appropriate treatment when there is confirmed infection.

Health professionals should make sure that they are able to identify a louse at all stages of its development. Patients/clients should be made aware that head lice are only transmitted by direct, prolonged head-to-head contact.

14.1 Specific Points

Training
Consider nominating a member of staff to be responsible for advising patients/clients on head louse problems.
Liaison
Liaison between healthcare professional is only effective if there is a concerted approach.

Diagnosis and Treatment
It is important that everyone is aware of the principles of control:-

- Definite diagnosis: a living, moving louse found by detection combing NB this can be difficult.
- Encourage parents or guardians to list contacts in order to provide them with an opportunity to approach the issue in a methodical manner starting with the immediate family and carers. Contacts should be informed by the parent or guardian of the initial case about the possibility of infection and advised to undertake a careful examination of the heads of all those in their own immediate family.
- Simultaneous thorough and adequate treatment of all confirmed cases by application of one of the standard chemical insecticidal lotions.
- Repeat the application of lotion treatment after seven days.

Information and Advice
Make sure that the patients/clients/parents/guardians 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 (See Appendices One and Two).

15. Specific Points for Community Pharmacists

15.1 Information and Advice

Make sure that the patients/clients 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 (See Appendix One “Have you got head lice” and Appendix Two “How to treat head lice”).

Patients/clients are often mistaken when they believe they have lice. Recurrent scalp problems may be undiagnosed if it is simply assumed without evidence that lice are the cause.

Make every effort to discourage unnecessary or inappropriate treatment with insecticides.

If you do recommend treatment, ensure that it is explained and understood adequately, both for the case and infected contacts. Treatments should only be advised when there is physical evidence that living lice are present.

Try to ensure that patients/clients know that the correct use of insecticidal lotions is the scientifically confirmed way to treat head louse infections.

Follow the British National Formulary’s recommendation of **one treatment of two applications seven days apart**.

Treatment Failure:

- Please do not assume that “reinfections” or “treatment failures” are truly infections.
- Avoid recommending retreatment without first of all establishing that living, moving lice are still present after two applications of lotion seven days apart and after a full professional assessment as to the ways in which the family may not have complied carefully with the first attempt.
- It is important to resist the temptation to agree with parents’ suggestions that a first course of treatment has failed, that “it must be a resistant strain” and that a further course of treatment should be given. There is no substitute for a proper professional assessment.
- Refer to treatment guidelines for advice regarding the patient/client refraining from swimming and avoiding the use of a hairdryer.
- Bear in mind that different formulations of the same active ingredient may have different efficacies. When a first treatment has definitely failed, it may be useful to try the same agent in a different formulation.
- “Wet combing” techniques claim to prevent or control head lice and their effectiveness in the community has been supported by recent authoritative scientific research. They may have a place for individual families if, for example, they are not prepared to use an insecticidal preparation or if they are prepared to spend the time using this approach. It is possible to prescribe bug busting kits.

Please do not support the use of electronic combs, repellent sprays or chemical agents not specifically licensed for the treatment of head louse infections. Ensure that you provide patients/clients with an effective detection comb. This will have rigid teeth set not more than 0.3mm apart.

16. Specific Points for Staff Nurses for Schools, Health Visitors and Public Health Nurses (Schools) and Nominated Link Personnel

Staff Nurses for Schools and Health Visitors should be knowledgeable and competent in the prevention, diagnosis and treatment of head lice. They should be able to teach patients/clients the technique of detection combing and be prepared to advise appropriate treatment when there is confirmed infection, if invited to do so.

Staff Nurses for Schools, Health Visitors and Public Health Nurses should make sure that they are 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, prolonged head-to-head contact.

The Health Visitor's role is primarily that of education on head louse infections and at health checks topic of head lice should be introduced and reinforced at subsequent intervals.

Staff Nurses for Schools have opportunities to educate parents about head lice at school health checks, within health education programmes and at meetings with parents.

Screening
Routine head inspections are not done as a screening procedure. Parents should do detection combing, but it is important that you give them proper information, advice and support.

Reported Cases Outbreaks in Schools
When informed make a professional assessment of reported "outbreaks" of head louse infection in the school and give advice, support and educational materials if required to staff and or parents/guardians.

Liaison
Teach families and school staff that the correct use of insecticidal lotions is the scientifically confirmed way to treat head louse infections. Ensure every effort to discourage unnecessary or inappropriate treatment with insecticides.

Play an active part in providing regular accurate information about head lice to parents and staff. This should be done in conjunction with your Head Teacher and Education Services of the Local Authority and should preferably be integrated into a package along with information on other health issues.

Information and Advice
It is important not to recommend or support any non-evidence based mass population action, including the use of electronic combs, repellent sprays or chemical agents not specifically licensed for the treatment of head louse infections. Perceived outbreaks and corresponding agitation in the school can distort perceptions of the true risks of infection with head lice. A regular educational programme rather than a reactive "campaign" will be more effective in the long term.

17. Specific Points for Head Teachers and Staff in Schools

Head louse infection is not primarily a problem of schools but of the wider community. The school cannot solve it, but the school can help the local community to deal with it.

Head lice are only transmitted by direct, prolonged, head-to-head contact. Transmission of lice within the classroom is relatively rare. When it does occur, it is usually from a "best friend".

Head lice will not be eradicated in the foreseeable future, but a sensible, informed approach, based on fact not mythology, will help to limit the problem. At any one time, most schools will have a few children who have active infection with head lice. This is often between 0% and 5%, rarely more.
The perception by parents and staff, however, is often that there is a serious "outbreak" with many of the children infected. **This is rarely the case.** The "outbreak" is often an outbreak of agitation and alarm, not of louse infection; a societal problem not a public health problem.

Identification of Head Lice
Inform the Head Teacher and follow local procedure to alert the Staff Nurse for Schools to any cases of suspected or confirmed head louse infection or perceived "outbreaks". The Staff Nurse for Schools will assess the reports and may decide to make confidential contact with the parents to offer information, advice and support.

It is important to keep individual reports confidential and encourage your staff to do likewise.

Exclusion of Children with Head Lice
- No child should be excluded from school with head lice infection.
- The school will have copies of advisory leaflets to give to the affected child's Parents/Guardians/Carers if they are requested.

Liaison
Your local Pharmacists, Staff Nurses for Schools, Health Visitors and Infection Control Nurses can assist in head louse treatment and management.

Information and Advice
Your Staff Nurse for Schools or Health Visitor (in nurseries) can help by providing educational information to your parents and children about head lice, but do not wait until there is a perceived "outbreak". Send out information on a regular basis, preferably as part of a package dealing with other issues. It may be pertinent to arrange a talk to parents at the school if they are very concerned.
Encourage your staff to attend, as it is important that they are as informed as parents are! You may prefer to arrange a separate talk for the staff.

Ensure, in conjunction with the Staff Nurse for Schools or Health Visitor, that your parents are given regular reliable information, including instructions on proper diagnosis by detection combing, the avoidance of unnecessary or inappropriate treatments and the thorough and adequate treatment of definitely confirmed infections and their contacts using an insecticidal lotion.

Please advise concerned parents to seek the professional advice of the Staff Nurse for Schools, the Family Practice or the local Pharmacist.

It is recommended that Local Authorities (and Head Teachers) **do not** take or support, actions simply "to be seen to be doing something". This includes the following:

- Not sending out an "alert letter" to other parents.
- Not excluding children who have, or are thought to have head lice.
- Not recommending or lending support to any mass population action, including wet combing campaigns.
- Not agreeing with angry parents that routine head inspections should be reintroduced. They were never proven to be effective.

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19. Appendix One

Forth Valley Head Lice Frequently Asked Questions Leaflet - **A Guide for parents, patients and carers**

20. Appendix Two

NHS Forth Valley Head Lice Leaflet - **How to check for and treat head lice**

We are happy to consider requests for this publication in other languages or formats such as large print.

For other languages contact
01786 434784.
For other formats contact
01324 590886,
text **07990 690605,**
fax **01324 590867** or e-mail
nhsfv-alternativeformats@nhs.net

If you can't go let us know!
every month around 2,000 people across Forth Valley fail to turn up for hospital appointments. This costs the NHS millions of pounds each year and increases waiting times.
So if you are unable to attend, or no longer require your hospital appointment, please let us know so we can offer it to someone else.

SMOKING IS NOT PERMITTED ON NHS FORTH VALLEY PREMISES

This includes corridors, doorways, car parks & any of our grounds. If you do smoke on NHS premises you may be liable to prosecution and a fine.

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Westburn Avenue, Falkirk, FK1 5SU
www.nhsforthvalley.com

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Review Date: 2013

NHS Forth Valley

Head Lice - Frequently Asked Questions

A Guide for Parents/Carers

Information Leaflet

Is there an epidemic of head lice in our area?

- No. Head lice will be present in any community at any one time and is a world wide problem.

Why have school stopped sending out head louse "Alert Letters"?

- Letters sent to whole classes serve no useful purpose and often result in parents or carers treating their children 'just in case' which is not only unnecessary but may be harmful.

Why does my child not have regular head inspections by the school nurse?

- Occasional checks of dry hair, whether by a health professional, parent or carers are not effective. A weekly check by parents/carers of all children in the family using a head louse detection comb to detect head lice at an early stage is recommended.

Surely it's a school problem and schools must sort it out?

- Head lice are a problem of the whole community, not just schools. They are mostly caught from head to head contact with close family and friends. This is why careful examination of all possible contacts is important.

How do I know if my child has head lice?

- The only way to be certain is to comb their hair, using a special detection comb, and finding a living, moving louse. The presence of nit cases (empty shells) are not proof of infection. The cases can be there without living louse being present.
- Parents or carer should routinely check their child's head at least weekly using a head lice detection comb. The correct technique is described within the NHS Forth Valley "Head Lice - how to check for and treat head lice", leaflet.

Where can I get advice and treatments for head lice?

- You may be asked to provide evidence of the lice found, this can be done by sticking them onto a piece of sellotape and then onto a piece of paper.
- You can go to your **local pharmacy** and purchase head lice lotion over the counter. Your local Pharmacist should be able to advise you.
- Alternatively you can contact your local **Health Centre** for advice and treatment.
- If you require a prescription for head lice lotion or bug busting kit, this should be provided for you at your Health Centre along with instructions on how to treat your child's head and any close contacts within your family who you have also found to have live, living lice present. Prescriptions for children are free.
- **Remember** - Insecticide lotion that is required to remain in contact with the head for up to or over 8 hours has proven efficacy. Shampoos, mousse, zappers and tea tree oil products, etc have not.

How do I get rid of head lice?

- If you have found a live, moving louse then give ONE complete treatment of TWO applications of lotion SEVEN days apart, leaving the lotion on as advised by the manufacturer. This treatment will ensure that any lice which hatch out after the first application will be destroyed by the second.
- If only one application is given, then reoccurrence is very likely. The second application must be given.

My child keeps getting re-infected with head lice. What can I do about it?

- The first thing is to check that your child is re-infected, a live living louse is the sign of infection. The scalp can itch due to other causes, which can me misinterpreted as infection.
- If a live living louse is found following treatment, it may not have been carried out as per instructions. You can obtain further advice from either your Health Centre or local Pharmacist.
- ***Remember** all close contacts should be checked thoroughly for signs of head lice infection and where living, moving lice are found treatment must be given.*

Why can't I treat my child's head with lotion just in case he/she has or gets head lice?

- If no sign of infection then DO NOT treat. Head lice can develop resistance to a particular treatment, and the person will be treated unnecessarily.

We are happy to consider requests for this publication in other languages or formats such as large print.

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For other formats contact
01324 590886,
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If you can't go let us know!
every month around 2,000 people across Forth Valley fail to turn up for hospital appointments. This costs the NHS millions of pounds each year and increases waiting times.
So if you are unable to attend, or no longer require your hospital appointment, please let us know so we can offer it to someone else.

SMOKING IS NOT PERMITTED ON NHS FORTH VALLEY PREMISES
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NHS Forth Valley Administration Offices
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Review Date: 2013

NHS Forth Valley

Head Lice

How to Check and Treat Head Lice

Information Leaflet

What are head lice?

- Head lice are small insects which live on the hair near to the scalp. They feed on blood through the skin and get warmth for their eggs to hatch. Live lice are tiny (the size of a sesame seed), almost colourless and wingless. They cannot fly or jump, but may be transferred by head to head contact.
- Nits are the empty egg shells which are glued to the base of the hair by a cement like substance. They are pearly white and may be easier to see than the actual louse.
- The head louse hatches out of the egg shell after 7-10 days so it is important to check heads every week. Anybody can get head lice!

Finding Head Lice?

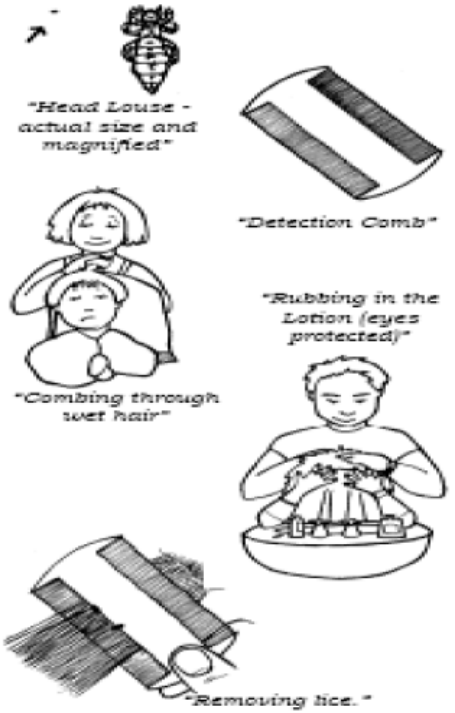
- Families need to check each others heads using a special detection comb. It is best to check wet hair: wash hair and apply conditioner. Comb hair with ordinary comb to get rid of tangles.
- Take a small section of hair and then comb thoroughly from hair root to end with the detection comb over a light surface e.g. towel or piece of paper. Start at the top of the head and work round and down the scalp.
- Check the comb for lice between each stroke and remove any lice with a tissue before combing the next portion of hair. Clean the comb with washing up liquid under a running tap prior to using it again. Wash off conditioner if treatment is required.

Treating Head Lice

- *ONE complete treatment consists of TWO applications of lotion SEVEN days apart.*
- If you are sure that you have found a living, moving head louse ensure the heads of all the people in your immediate family, babysitters, friends and
- close relatives are checked. Treat all **affected** persons at the same time with head louse lotion. DO NOT treat if there are no live head lice seen.
- Wash the affected person's hair with mild shampoo to remove any conditioner or chlorine (from swimming). Dry the hair well & allow head to cool for 30 minutes before applying head lice lotion to clean hair.
- Apply head lice lotion to clean hair.
- Rub lotion in carefully ensuring the scalp & roots of the hair are covered.
- Allow the hair to dry naturally (NO hair dryer).
- Leave on for the time recommended by the manufacturer of the lotion (see instructions on bottle). Do not leave on longer as this can cause skin irritation.
- After correct contact time has been completed wash lotion off using mild shampoo.
- Complete treatment by repeating the lotion application seven days later (see above steps). "*Leaving hair to dry naturally*".
- Use detection comb every 3 days during treatment (daily combing maybe advised in severe cases).

Information

- Your local Community Pharmacist, GP, School Nurse or Health Visitor can give you advice about available treatments. Lotions are available over the counter and on prescription from the GP.
- Remember to let the pharmacist or doctor know if you have asthma, eczema or psoriasis. Some of the treatments are not suitable for patients with certain skin conditions or asthma and alternative products should be used.
- The manufacturers instructions should be followed carefully. If the head lice can still be found after two treatments seven days apart consult your school nurse, health visitor, local community pharmacist or GP again for advice.
- *There are no proven methods of preventing lice but regular combing to detect head lice quickly will help reduce transmission:*



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