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Occupational Health and Safety Unit

'Working with you for a safer, healthier future'

Preventing, treating and controlling head lice in the community

CYNGOR Sir y Fflint
Flintshire
COUNTY COUNCIL

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1 Aims and Objectives

Aim

* To provide guidance for the management of head lice.

Objectives

* To ensure consistent advice is offered by all personnel involved.
* To raise the level of awareness within schools and the community, about the nature and management of head lice.
* To ensure roles and responsibilities of parents / carers, children, school staff and health professionals are defined and understood.

2 Introduction

Like the common cold, anyone can catch head lice. It is a community problem which affects adults and children.

The head louse is a small insect, which lives close to the scalp for warmth and feeds by sucking blood. The lice move by crawling through hair and cannot jump, fly or swim. They are difficult to detect in dry hair, even when the head is closely inspected, and they very often cause itching.

The female louse lays approximately five to eight eggs a day in sacs (called nits) which are very small, dull in colour and well camouflaged. They are glued to the base of the hair shaft and take about 7 to 10 days to hatch.

Lice take 6 – 14 days to become fully grown, after which they are capable of reproduction.

Head lice are not fussy about hair length or condition. Clean hair is therefore no protection, although regular hair washing and combing sessions offer a good opportunity to detect head lice and arrange treatment if discovered.

How are head lice spread?

Head to head contact is the only way of spreading head lice. Head lice do not jump or fly or swim.

3 Prevention and Control

Head lice can affect adults and children; therefore the responsibility for the prevention and control of head lice lies with the individual if adult, and parent or carer if a child is affected. Control of head lice is possible with proper contact tracing and management of treatments.

Adults should inspect their own and their children's hair at least once a week if head lice are a problem locally. They should use a detection comb.

If **live lice** are found, then a treatment option should be chosen and carried out as described below.

4 Treatment Options

- Treat **only** if live lice are found.

- Treat **only** the individuals who are affected.

- Treatment is made by either Physical Removal or applying insecticides.

Each of these three treatment options relies on the use of a rigid plastic comb with a 0.2mm space between the teeth. Metal combs are not recommended as repeated use can wear away the surface of the hair.

4.1 Wet combing method

The combing method is effective if carried out regularly, carefully and consistently, paying particular attention to the nape of the neck where head lice often collect. The use of insecticides is dealt with later in this document.

To facilitate this method:

- Hair may be washed using ordinary shampoo, rinsed and conditioner applied. With the conditioner left in, comb through to remove tangles. The wet hair is then parted and combed using a fine comb as described below.

OR

- Light oil such as olive oil or grape oil can be applied to the dry hair. Hair is then parted and combed using a fine tooth comb. Light oils wash out easily and make combing easier.

In both cases conditioners and oils are not treatments but are used to ease combing.

- A suitable comb must be used with teeth no more than 0.2mm apart.

- Lice should be removed by combing and disposed of by wiping the comb thoroughly on tissue paper or rinsing under running water to remove any lice.

- The conditioner or oil should be then washed off and combing should be immediately repeated on wet hair.

- Continue this process every 3 – 4 days for 2 weeks. After 2 weeks the hair should be clear of lice.

The aim is to remove the live lice and eggs. The live eggs are difficult to remove as they are found close to the scalp at the base of the hair shaft. It may therefore be necessary to continue combing for up to six weeks to treat lice successfully.

Regular inspection should continue to be made to check for any re-infestation.

A bug buster kit is available on prescription from community pharmacies.

4.2 <u>Using Insecticidal lotions</u>

The use of insecticidal lotions or liquids is also recommended. Do not use shampoos, mousses or crème rinses as the contact time with lice when using them is limited and this can render them ineffective.

4.2.a Chemical

Lotions/liquids should not be used unless you find a living moving louse. Where they are used they must be used according to the instructions included with the product. Most people require 50ml, but up to 100ml for longer or thicker hair. A second application after 7 days is generally necessary to kill any lice emerging from any eggs that survive the first application.

Information relating to chemical insecticides:

- Lotions have an alcohol base. They are not suitable for young children or those with asthma or eczema.

- Liquids have an aqueous base. They are suitable for everyone but may be slightly less effective than lotions.

Sufficient quantities for two applications should be obtained:

- At least 50ml is normally required for each application.

- Some patients with long or thick hair may require up to 100ml per application.

- Each person affected should receive an individual supply.

4.2.b Non-Chemical

At present there is only preparation available containing dimeticone. The dimeticone lotion must be used according to the instructions included with the product, with a standard application time of 8 hours or overnight. Most people require 50mls for a 2 dose treatment, longer hair or multiple treatments may require a 150ml bottle. A second application after 7 days is normally necessary to kill any lice emerging from any eggs that survive the first application.

Because the lotion is not absorbed through the skin it can be used for children from 6 months of age and by asthma and eczema sufferers.

4.3 Natural Remedies

There is no reliable evidence that herbal products (such as tea tree oil) are effective.

4.4 Electric Combs

Electric combs are available to buy and they claim to kill lice by means of a small electric discharge. There is no reliable evidence of effectiveness and they should not be used on wet hair. In dry hair, lice move away quickly when disturbed and may therefore avoid detection. Electronic combs should not be used by people suffering from epilepsy, heart disease or people with a pacemaker or neurostimulator.

5 Management of Treatment

If you are worried about head lice or feel you need more advice on how to cope, then you should consult your school nurse, health visitor, pharmacist or family doctor.

Treatment must be started as soon as live lice are detected.

The combing method described is crucial to the successful treatment of lice even when insecticidal lotions are used.

The advice should cover:

- The choice of an appropriate method of treatment.

- How to undertake the treatment, especially correct method for wet combing and / or application of lotions if used.

- Who should be treated.

- Contact checklist (Appendix A)

- Preventative combing methods.

6 Responsibilities

6.1 The general Public

Individuals are responsible for ensuring that all contacts are asked to check their hair for head lice. Parents / Carers in particular are responsible for the detection and treatment of head lice in their children's' hair and their own hair.

6.2 School Nurses, Health Visitors

Should emphasise the responsibility of individuals to detect, treat and prevent head lice.

Emphasise the responsibility of individuals to instigate contact checking.

In the case of recurrent outbreaks, ensure current guidance and advice is being followed, and offer advice to individual families particularly affected; consider further measures in conjunction with general practitioners, the local public health department, Department of Health etc as appropriate.

6.3 School

The school should encourage regular detection of head lice by parents / carers and issue a copy of the NHS leaflet on 'The prevention and treatment of Head Lice' to all parents of new entrants. (copies of the leaflet can be obtained from the Department of Health, PO Box 777, London SE1 6XH, or via email: dh@prolog.uk.com). The leaflet is also

available in other languages upon request and can also be downloaded directly from their website.

The school should send out a standardised letter to every parent following a reported case of head lice.

Exclusion from School :

Children do not need to be excluded from school when found to have head lice.

Schools should use the information attached to this guidance.

In cases where persistent infection occurs then the advice of the school nurse should be sought in the first instance, who may seek to involve other agencies.

6.4 General practitioners, Health Visitors

General practitioners may prescribe insecticidal lotions/Bug Busting kits when head lice have been confirmed.

Shampoos, crème rinses and mousse formulations should not be prescribed due to lack of efficiency.

6.5 Pharmacists

Should stock rigid plastic combs with teeth 0.2mm apart or the Bug Buster Kit to detect and treat.

Should obtain a treatment history prior to sale of insecticidal products.

Should stock the appropriate lotions / liquids. Shampoos, crème rinses and mousses should not be recommended.

Should reinforce treatment guidelines to ensure the patient will get maximum benefit from the use of the product.

Should provide advice about preventative measures.

Some schools find it helpful to adopt a whole-school approach (where all parents check their children and family members on the same evening and treat as needed). A 'Bug Buster' Teaching pack is available to assist this process. For further information contact Community Hygiene Concern Bug Buster Help Line: 020 7686 4321

APPENDIX A

TRACKING LICE

To keep head lice away for good, you need to find where they came from.

The source is most likely someone well-known to the family and is probably completely unaware that they have lice!

So, make a list of all people who have been in close (head to head) contact with the affected person.

CHECKLIST

Every member of the family will need to fill in one of these, even though many names will be duplicated. All the people on the list will need to check themselves and their families for head lice:

Name _____

IN THE HOME :

Parents/Carers _____

Other family Children _____

Other Residents _____

RELATIVES :

Grandparents _____

Uncles/Aunts _____

Cousins _____

Nephews/Nieces _____

Other _____

SOCIAL CONTACTS :

Friends _____

School Friends _____

Clubs _____

Playgroup etc _____

Other _____

APPENDIX B

Additional Notes and Guidance to Schools

These notes are supplementary to the guidelines for dealing with and control of human head lice. Both aim to emphasise the responsibility of the individual in the community for detection, combing and treating any infection.

GENERAL

- Head louse infestation is not primarily a problem of schools but of the wider community. It cannot be solved by the school, 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 infestation 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 affected. This is hardly ever the case.

- The 'outbreak' is often an outbreak of agitation and alarm, not of louse infection; a societal problem not a public health problem.

SPECIFIC

- Do ensure secretarial and/or school reception office staff have a copy of the appropriate protocol to follow which is in line with this guidance.

- When parents report a case of head lice, refer them to the Department of Health leaflet.

- Do make sure that the school nurse is informed in confidence of recurrent cases of head louse infestation. The school nurse will assess the situation and liaise with other professionals accordingly.

- Do ensure information is generally available to parents regarding the prevention, treatment and control of head lice, and ensure that all parents of new intakes are provided with the information leaflet along with any other school information leaflets.

- Do send out a standard letter to other parents if / when it is thought that a reminder is necessary (such as in the event of a number of children having a definite diagnosis of head lice).

- Do not exclude children who have, or who are thought to have head lice.

- Do not agree with angry parents that routine head inspections should be re-introduced. Research indicates that they were never effective.

- If further advice on treatment is requested, the appropriate advisors are the school nurse, local pharmacist, health visitor or family practitioner. Please explain this to parent.