NHS Highland

Policy for

Managing Head Lice Infection

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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

Method

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Background

This document provides guidance on the management of head lice in the community. It is based largely on National Guidance on Managing Head Lice Infection in Children issued by the Scottish Executive early in 2003.

Aim

Head lice are a common problem, which can affect the whole community, adults and children alike. However, head lice infection is most common amongst children and this guidance is intended to offer advice to health and education professionals on managing head lice infection in schools and the community. It also provides helpful advice to professionals working in other care settings. Although this guidance is aimed specifically at the management of head lice infection in children, the same principles would apply for the management of head lice infection in adults.

The 1998 Stafford Report, *Guidelines on the Diagnosis and Treatment of Head Lice,* gave rise to changes in the way head lice infection is managed and where the responsibility for detection lies. This guidance seeks to disseminate learning from the Stafford Report and take forward implementation of some of its recommendations.

The Stafford Report states:

'Head lice are not primarily a problem of schools, but of the community. Stigma and tradition, however, combined with inadequate public and professional knowledge continue to hold schools responsible.'

Effective management of head lice infection depends on the ability of **all** relevant professionals/agencies to offer clear, accurate and impartial advice and support to parents on detection and treatment.

What are head lice?

Head lice are small, six-legged wingless insects which are pin-head size when they hatch, less than match-head size when fully grown and are grey/brown in colour. They 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. (For an illustration please consult page 3 of National Guidance on Managing Head Lice Infection in Children at http://www.scotland.gov.uk/Resource/Doc/47034/0013852.pdf)

Head lice live on, or very close to, the scalp at the base of the hair, 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. 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. Many people mistake the empty egg sacs - or 'nits' - for head lice or believe that it is evidence of an active head lice infection. This is not true; it is evidence of a previous infection.

A head lice infection cannot be diagnosed unless a living louse has been found on the head.

During their life span of 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.

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

Anyone with hair can catch head lice, meaning that the problem, whilst often more prevalent in children, is not unique to them.

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.

Responsibility

The Stafford Report states that,

'The primary responsibility for the identification, treatment and prevention of head lice in a family has to lie with the parents, if only for reasons of practicality. Parents however, cannot be expected to diagnose current infection, or distinguish it from successfully treated previous infection or other conditions if they are not adequately instructed and supported by health professionals.'

Previous practice relied on the school nurse conducting regular inspections of pupils for head lice. The Stafford Report recommends that parents are best placed to be responsible for regularly checking their children for head lice. There are sound reasons for this.

The first, and most important, is that 'wet combing' (see below) is the only truly effective way to carry out an inspection. Inspections in school by the school nurse were conducted on dry hair and were not, therefore, effective. To be effective, inspection also needs to be done on a regular basis. Inspection of a whole class of school children on one day will not detect a child who may become infected the next or any other day. School inspections are time consuming and can never be done on a sufficiently regular basis to make any real impact.

The Stafford Report also highlighted the importance of de-stigmatising the identification of head lice for children and parents, by moving away from school inspection.

Regular checking of children's heads is important, but it is a parental responsibility.

Education and health professionals do, however, have a key responsibility to offer supportive advice to parents about how to identify and treat infections effectively.

Head lice infection can be distressing and disturbing for children and parents. However, head lice are not harmful, and children and parents should be re-assured that having head lice is nothing to be ashamed of. There are many misleading notions about head lice, and helping parents and children to understand the facts is crucial in de-stigmatising head lice infection.

Schools have a key role in this, and can provide valuable support by issuing comprehensive information about head lice detection and treatments to parents that includes information about sources of advice. Schools are 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.

Detection

The Stafford Report highlighted that weekly checks, by 'wet combing', are the most effective method of detection.

'Wet combing' involves washing the hair and applying conditioner, then combing through with a wide-tooth comb to remove tangles. Taking a section at a time, a fine tooth plastic detection comb is then pulled downwards through the hair, keeping the comb close to the scalp (where head lice are often located). The comb is checked for lice after each section. The comb must be fine enough (with flat-faced teeth 0.2-0.3mm apart) to catch the lice and a pharmacist should be able to recommend a comb for this purpose, if parents are in any doubt. This process 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-infection.

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

Though not endorsing any one particular product, we are aware that suitable combs are available from:

EMT Healthcare Ltd
Boulevard Industrial Park
Beacon Road
Beeston
Nottingham
NG9 2JR
Tel: 0115 849 7700
sales@emthealthcare.com

(A box of 72 combs currently costs £19.81, plus post and packaging)

Treatment

Once infection is detected, there are three treatment approaches: insecticide lotions, dimeticone lotion, and wet combing.

Parents should be offered information on all approaches so that they can make an informed decision for their family.

Re-infection can occur if a child has direct head to head contact with someone else who has head lice. It is likely that a child will become re-infected unless the whole family, and all those who have been in close contact with the child, have been checked and, if live lice are found, treated.

1. Insecticides

The treatment of choice is to use an insecticide and there are a number of different lotions available. Pharmacists, GPs, school nurses and health visitors should provide advice to parents about these on request or where they have identified/confirmed the presence of a head lice infection. They can also give advice on which particular lotion is the most effective. The advice of a health professional should be sought where whoever is being treated suffers from asthma or allergies, or is pregnant or breastfeeding. Insecticides should only be used in children under six months of age under medical supervision.

One treatment using insecticide lotions involves **two applications** of the same insecticide, **seven days apart**. This is because insecticide lotions do not kill all eggs that may be present at the time of the first application. If eggs hatch and are not treated, the infection will continue. This treatment should be applied by parents at home.

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.

Insecticide treatment should never be used as a preventative measure as the use of insecticidal products on a regular basis may result in insecticidal resistance. Insecticide lotions should only be used when a living louse has been found on the head

- **Malathion**

  Malathion is an organophosphate insecticide. Unlike other pediculicides it is active against both hatched lice and their eggs. It is safe and effective. There are several formulations of malathion. It is recommended that lotions be used in preference to shampoos. Shampoos should be avoided since the contact time is short, and the insecticide concentration diluted. Whichever formulation is chosen, use the same one for both applications.

  - Alcohol-based lotion – Prioderm. This contains malathion 0.5% in an alcoholic base. It also contains an additional chemical (a monoterpenoid) that may be effective in killing head lice.

- Aqueous-based solutions – Derbac-M and Quellada 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.

- **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 and phenothrin are both synthetic pyrethroids.

  - Permethrin – available as Lyclear Creme Rinse. (Not recommended because of short contact time)

  - Phenothrin – available as
    - Full Marks Liquid (0.5%in an aqueous basis) This is the preferred formulation. It has a contact time of 12 hours.
    - Full Marks Lotion (0.2% in basis containing isopropyl alcohol). The manufacturers recommend a contact time of 2 hours, but users should be advised to leave on for 12 hours before shampooing (BNF 2007)
    - Full Marks Mousse – this is not recommended because of the very short contact time (BNF 2007)

2. Dimeticone 4% lotion

This is a relatively new product, available as Hedrin 4% cutaneous solution. The way Hedrin works is not fully understood, but it appears that it disrupts the water balancing mechanism of lice. It is not an insecticide, and indeed, dimeticone (a silicone) is widely used in cosmetics and toiletries (including creams for nappy rash). There is no evidence that lice can become resistant to dimeticone, which is in keeping with its physical rather than chemical mode of action. 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 wholly effective in killing eggs, and therefore **two applications seven days apart** are required. 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.

3. Wet combing

An alternative option for dealing with head lice is wet combing, sometimes called 'bug busting'. This is a non-chemical approach that involves mechanical removal of all lice from the hair after the hair has been washed and conditioned. With the conditioner still in, the hair is combed gradually using a fine toothed comb, section by section, in order to remove the lice.

Wet combing is time consuming and to be effective, must be carried out every 3 days for up to 3 weeks to remove newly hatched lice. Insecticide treatments offer a more immediate solution to a head lice infection, but some parents may have concerns about using these sorts of treatments. However, some children may be sensitive to chemicals in conditioners, so wet combing is not necessarily 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. The kit, which includes an illustrated guide and combs, is available from some pharmacies and for purchase by mail order from:

Community Hygiene Concern
Manor Gardens Centre
6-9 Manor Gardens
London
N7 6LA
United Kingdom
Help Line: 020 7686 4321
http://www.nits.net/bugbusting

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

What not to use

Families should be discouraged from purchasing other types of so-called treatments. Many products that are advertised as "natural" contain chemicals which may be toxic when used frequently (tea tree oil for example), and there is no evidence that they are effective. Electronic combs are not considered suitable for the following reasons: dry lice can move to evade the comb, it is uncomfortable on other than short hair, and it is difficult to clean.

Treatment failure

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

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

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.

Testing for resistance

- Collect several lice by wet combing – just prior to posting.
- Place in a universal container with a small piece of paper hand towel moistened with two or three drops of water.
- Attach information including the name of the nearest town, treatment given, and your contact details.

- Post 1st class any day Sunday – Thursday for next day delivery to:

  Dr Ian Burgess
  Medical Entymology Centre
  Cambridge House
  Barrington Road
  Shepreth
  Royston
  Hertfordshire SG8 6QZ

  Tel: 08454 300 300
  www.insectresearch.com

Head Lice: Notes and Guidance for the Primary Care Team

General

- Head louse infection is not primarily a problem of schools but of the wider community.
- Health professionals can teach patients the technique of detection/wet combing, and advise appropriate treatment when there is a confirmed infection.
- 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.

Specific

- If practical, consider nominating a member of staff to be responsible for advising people on head louse problems. This may be a practice nurse or health visitor, but other non-clinical staff may be appropriate as a first contact. If examination is thought necessary, referral can then be made.
- Liaise, as appropriate, with your local/community pharmacists, school nurses, health visitors, head teachers, infection control nurses, early years services and the Health Protection Team at NHS Highland Board.
- Where possible, stick to the following principles of control:
  - definite diagnosis; a living, moving louse found by detection combing;
  - simultaneous thorough and adequate treatment of all confirmed cases with one of the standard chemical insecticidal lotions and a repeat of the same treatment after seven days, or dimeticone 4%, or the use of the wet combing method, also known as 'bug busting' every 3 days for up to 3 weeks.
- 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 infection 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.
- Make every effort to discourage unnecessary or inappropriate treatment with insecticides.
- Only recommend treatment if a louse has been clearly identified (as described above).
- If you do recommend treatment, ensure that it is done adequately for the case and infected contacts.
- Ensure that patients know the correct use of lotions - follow the British National Formulary's recommendation of two applications of the same lotion (not shampoo) seven days apart.
- Do not assume that "reinfections" or "treatment failures" are truly infections. Make sure that a louse is found or produced.
- 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.
- 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.
- Do 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).)

Head Lice: Notes and Guidance for Pharmacists

General

- Head louse infection is not primarily a problem of schools but of the wider community.
- Pharmacists are an important source of advice on the management of head louse infection. 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 infection, reducing unnecessary and inappropriate treatment, and thereby 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.
- People should be made aware that head lice are only transmitted by direct, head to head contact.

Specific

- 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 control nurses, early years services and the Health Protection Team at NHS Highland Board.
- Where possible, stick to the following principles of control:
  - definite diagnosis; a living, moving louse found by detection combing;
  - simultaneous thorough and adequate treatment of all confirmed cases with one of the standard chemical insecticidal lotions and a repeat of the treatment after seven days, or dimeticone 4%, or the use of the wet combing method, also known as 'bug busting' every 3 days for up to 3 weeks. Ensure that people 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 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 (as described above).
- Ensure that people know the correct use of lotions - follow the British National Formulary's recommendation of two applications of the same lotion (not shampoo), seven days apart.
- Do not assume that "reinfections" or "treatment failures" are truly infections. Make sure that a louse is found or produced.
- 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 as to the ways in which the family may not have complied carefully with the first attempt.

- 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).)

Head Lice: Notes and Guidance for School Nurses and Health Visitors Attached to Early Years Centres

General

- 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.

Specific

- Routine head inspections should never be undertaken as a screening procedure. Detection combing should be done by parents, but it is important that you give them proper information, advice and support.
- Where possible stick to the following principles of control:
  - definite diagnosis; a living, moving louse found by detection combing;
  - listing and examination of contacts by the family;
  - simultaneous thorough and adequate treatment of all confirmed cases;
  - 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.
- Make a professional assessment of reported cases of persistent head louse infection 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.
- Do not diagnose head louse infection unless 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 to you or one of their other health advisors.
- Early Years Centres/Pre-school Units should <u>not</u> issue "alert letters" to other parents/carers.
- Instead, 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.
- Don't wait until there is a perceived major outbreak - a regular education programme rather than a reactive "campaign" is more sensible.

(This document has been adapted from appendix 3 of *Head Lice: a Report for Consultants in Communicable Disease Control* (CCDCs).)

Distribution of leaflets and detection combs – please see **Notes and Guidance for Staff of Early Years Centres/Pre-school Units and Other Childcare Providers**

Head Lice: Notes and Guidance for Head Teachers.

General

- Head louse infection is not primarily a problem of schools but of the wider community.
  It cannot be solved by the school, but the school can help educate the local community to deal with it.
- Head lice are only transmitted by direct, head to head contact.
- 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. Education of parents in reliable detection is the first step towards overcoming the head lice 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.

Specific

- Ensure that your school nurse is informed in confidence of cases of head louse infection. The school nurse will assess the individual report and may decide to make confidential 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, but do not wait until there is a perceived "outbreak". Send out information on a regular basis (perhaps 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 are given regular and reliable information, including instructions on proper diagnosis by detection/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 or dimeticone 4%, or the 'bug busting' technique as described in the national guidance.
- 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 <u>never</u> 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).)

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

General

- Head louse infection is not primarily a problem of childcare providers or schools but of the wider community. It cannot be solved by childcare providers, but they can help educate the local community to deal with it.
- Head lice are only transmitted by direct, head to head contact.
- 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. Education of parents in reliable detection is the first step towards overcoming the head lice problem.
- At any one time, most schools will have a few children who have active infection with head lice.
- It is recommended that:
  - Childcare providers should nominate a member of staff responsible for dealing with head lice queries (perhaps the same person designated for first aid/health & safety issues).
  - Childcare providers maintain a link with their health visitor and (where appropriate) local school nurse

Specific

- All staff should keep individual reports confidential.
- Collaborate with your health visitor and/or school nurse in 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 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 attending so that staff are aware of the guidance.
- Be prepared to offer parents regular and reliable information, including instructions on proper diagnosis by detection/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 the national guidance.
- Advise concerned parents to seek the professional advice of the school nurse, health visitor, GP, or a pharmacist.

Continues overleaf

- **If you suspect that a child has head lice:**
  - for groups, inform the staff member responsible (see above).
  - contact the parent and offer them information on treatment 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).)

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
NHS Highland
Assynt House
Inverness
IV2 3BW

Tel:01463 704647
Email: hirs@hhb.scot.nhs.uk

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

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

References:

Anon (2007) *Does dimeticone clear head lice?* Drug & Therapeutics Bulletin 45; 7

Aston R, Duggal H, Simpson J, The "Stafford Group" (1998) *Head Lice. Report for Consultants in Communicable Disease Control (CCDCs).*

British Medical Association, Royal Pharmaceutical Society of Great Britain (March 2007) *British National Formulary* Available at: www.bnf.org

Burgess I (2002) *Detection combing* . Nursing Times Infection Control Supplement 98(46):57

Burgess IF, Brown C, Lee PN (2005) *Treatment of head louse infestation with 4% dimeticone lotion: randomised controlled equivalence trial.* BMJ (2005) 330:1423- originally published online 10 June 2005: doi:10.1136/bmj.38497.506481.8F

Downs A (2002) *Current treatment options for head lice and scabies.* Prescriber 19 June 2002.

NHS Centre for Reviews and Dissemination, The University of York. (1999) *Treating Head Lice and Scabies.* Effectiveness matters 4(1)

Vander Stichele RH, Gyssels L, Bracke C et al (2002) *Wet combing for head lice: feasibility in mass screening, treatment preference and outcome.* J R Soc Med 95:348-352

Various (2003) *Extracts from "Best Treatments".* British Medical Journal 326:1256-8. More information about head lice available at: http://www.besttreatments.org/headlice

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 can be purchased form most pharmacists. Alternatively they can be ordered from:

Community Hygiene Concern
Manor Gardens Centre
6-9 Manor Gardens
London
N7 6LA
United Kingdom

Help Line: 020 7686 4321
http://www.nits.net/bugbusting

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.healthscotland.com/uploads/documents/headlice.pdf
http://www.nits.net/bugbusting

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

I am sorry to have to tell you that 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/headlice.pdf
http://www.nits.net/bugbusting

Yours sincerely

Headteacher

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. However, head lice infection 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.healthscotland.com/uploads/documents/headlice.pdf
http://www.nits.net/bugbusting

Yours sincerely

Public Health Nurse (school nursing)

Appendix 5

HEAD LICE TREATMENT