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SOP Objective

To ensure that patients with head lice are cared for appropriately and actions are taken to minimise the risk of cross-infection.

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.


KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

- No key changes

Document Control Summary


Approved by and date	Board Infection Control Committee on 7 th October 2019
Date of Publication	11 th October 2019
Developed by	Infection Prevention and Control Policy Sub-Group
Related Documents	Standard Infection Control Precautions (SICPs) (HPS National IPC Policy) NHSGGC Hand Hygiene SOP National Infection Prevention and Control Manual
Distribution/ Availability	NHSGGC Prevention and Control of Infection Manual and the Internet: www.nhsggc.org.uk/your-health/infection-prevention-and-control/
Lead Manager	Board Infection Control Manager
Responsible Director	Board Medical Director

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1. Responsibilities

Healthcare Workers (HCWs) must:

- Follow this SOP.
- Inform a member of the Infection Prevention and Control Team (IPCT) if this SOP cannot be followed.

Managers (in primary care settings this includes CHP managers and AHP leaders) must:


- Ensure that staff are aware of the contents of this SOP.
- Support HCWs and IPCTs in following this policy.

Infection Prevention and Control Teams (IPCTs) must:

- Keep this SOP up-to-date.
- Provide education opportunities on this SOP.


Occupational Health Service (OHS) must:

- The Occupational Health Service (OHS) may be contacted for advice regarding treatment for HCWs.

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2. General Information on Head Lice


Communicable Disease / Alert Organism	<i>Pediculus humanus capitis</i> (head louse).
Clinical Condition	Infestation by <i>Pediculus humanus capitis</i> (head louse) on hair, beards, moustaches, eyebrows and eyelashes.
Mode of Spread	Direct hair-to-hair contact with an infested person. Indirect contact with items such as hats, towels or combs. Head lice cannot jump or fly, and cannot be caught from animals.
Incubation period	The incubation period of eggs is 7-10 days and within 7 days of hatching, the nymph becomes a mature adult capable of reproducing. Adult lice can live up to 40 days on a head but do not live for more than 2 days if separated from the human body. Itching only occurring after 4-6 weeks as host develops sensitivity to louse saliva.
Notifiable disease	No.
Period of communicability	As long as viable eggs or live lice remain on the infested person or fomites.
High- risk environment	Susceptibility is universal.

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3. Transmission Based Precautions (TBPs) for Head Lice


Accommodation (Patient Placement)	Adult patients do not require isolation. Patient should avoid head to head contact with others or sharing of hats, towels or combs until completion of treatment or until no live lice seen. Paediatric patients are isolated for practical reasons until completion of first application of treatment
Care Plan available	No.
Clinical / Healthcare Waste	All non-sharps waste should be designated as Healthcare / Clinical Waste (HCW) and placed in an orange clinical waste bag within the room. Please refer to the NHSGCC Waste Management Policy .
Contacts	Contacts should only be treated with a parasiticial preparation if a live louse is found.
Crockery / Cutlery	No special requirements.
Treatment application	<ul style="list-style-type: none"> • Treatment should be considered only when a live louse is seen in hair and must be prescribed prior to application. Within in-patient areas preparations should be applied by nursing staff to ensure correct technique is used. • Disposable gloves and a disposable plastic apron should be worn when applying the lotion. • Follow the product information leaflet strictly when applying the treatment • Wet combing or dimeticone 4% lotion is generally recommended as the first line treatment and can be used for those who are pregnant or breastfeeding, young children aged from 6 months , and people with asthma or eczema • Contact Pharmacist if live lice are present after completion of both applications of treatment, for further advice. • Advice should be given to carers and other household members to have their hair examined for signs of

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	<p>infestation.</p> <p>Eyebrows / Eyelashes</p> <p>Head lice found on eyebrows or eyelashes should be treated with a twice daily application of petroleum jelly to affected areas, This method may also be used if a patient has suffered hair loss e.g. following chemotherapy</p> <ul style="list-style-type: none"> • Disposable gloves and a disposable plastic apron should be worn when applying the petroleum jelly. • The treatment should be continued for ten days and area examined for live lice or eggs. • Contact Pharmacist for further advice if live lice remain on completion of treatment. • Follow manufacturer’s instructions for all other body hair infestations.
Domestic Advice	No special requirements.
Equipment	Fine tooth combs should be single-patient use only and cleaned with detergent and hot water after each use. The comb should be discarded on completion of treatment and subsequent combing. Personal hairbrushes and combs should be discarded prior to treatment. Hairbrushes and combs should not be shared.
Exposures	Close head to head contact should be avoided.
Furniture	No special requirements. Partnership areas should vacuum if soft furnishings are present.
Hand hygiene	Hand hygiene is the single most important measure to prevent cross-infection. Please refer to NHSGGC Hand Hygiene SOP
Linen	Linen should be changed at the time of treatment. Treat used linen as soiled/ infected, i.e. place in an alginate bag then a clear bag tied and then into a laundry bag. (Brown polythene bag used in Mental Health areas) until completion of treatment Please refer to National Guidance on the safe management of

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	linen
<i>Moving between wards, hospitals and departments (including theatres)</i>	If patient moves to another ward the receiving ward must be updated on the treatment plan i.e. when second treatment due.
<i>Notice for Door</i>	Not required unless in isolation.
<i>Outbreak</i>	All infested patients and staff should be treated at the same time. Contact IPCT for advice. (See Screening HCWs).
<i>Patient Clothing</i>	If relatives or carers take personal clothing home, staff must place soiled clothing into a domestic alginate bag and staff must ensure that a Home Laundry Information Leaflet is issued. If clothing cannot be sent home, they should be put into a plastic bag tied and left for 2 weeks and stored appropriately. NB. It should be recorded in the nursing notes that both the advice and information leaflet has been issued.
<i>Patient information</i>	Provide information on head lice to the patient / parent / guardian / next-of-kin as appropriate. Leaflets are available on the Health Protection Scotland website.
<i>Personal Protective Equipment (PPE)</i>	Disposable gloves and plastic aprons should be worn when applying treatment. Remove on completion and perform hand hygiene.
<i>Precautions required until</i>	Completion of first application of treatment for paediatric and isolated patients.
<i>Procedure restrictions</i>	None.
<i>Risk assessment required</i>	Yes, in regards to patient placement.
<i>Screening on Admission / Re-admission</i>	Not required

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Screening HCWs	HCWs who are concerned about infestations should contact OH and only require treatment if head lice are found
Specimens required	Specimen of louse is not required to be tested for parasitocidal resistance unless there have been repeated treatment failures. Contact a member of IPCT for advice.
Specimens marked as "Danger of Infection"	Not required
Terminal Cleaning of Room	Not required.
Visitors	Advise visitors who have had close contact with a diagnosed case to have their hair checked and to contact their GP or pharmacist for advice regarding treatment if a living louse is seen.

4. Evidence Base

PUBLIC HEALTH ENGLAND "Guidance Head lice (pediculosis)" (2018 update)
[Head lice \(pediculosis\) - GOV.UK](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/684244/headlice_guidance_2018.pdf)

NICE (2016) Clinical Knowledge Summaries; Head lice.
[Head lice - NICE CKS](https://www.nice.org.uk/cksummaries/headlice)

CDC. "Head Lice Infestation". Parasitic Disease Information.
<https://www.cdc.gov/parasites/lice/head/index.html> (2013)

HEYMANN, D. L. (2008). Control of Communicable Diseases Manual. 19th ed. Washington: American Public Health Association.

TEBRUEGGE, Marc, PANTAZIDOU, Anastasia, CURTIS, Nigel, (2011). "What's bugging you? An update on the treatment of head lice infestation". Archives of Disease in Childhood: Education and Practice. 96 (1), pp2-8.

British Association of Dermatologists "Head Lice" (2017), www.bad.org.uk – Head Lice

[National Infection Prevention and Control Manual: A-Z Pathogens](http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/)

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