Head Lice Policy

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

This policy 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 POLICY

- Incubation period
- Care Plan availability

Document Control Summary

<table>
<thead>
<tr>
<th>Approved by and date</th>
<th>Board Infection Control Committee 6 October 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Publication</td>
<td>10 October 2014</td>
</tr>
<tr>
<td>Developed by</td>
<td>Infection Prevention and Control Policy Sub-Group 0141 211 2526</td>
</tr>
<tr>
<td>Related Documents</td>
<td>Standard Infection Control Precautions (SICPs) (HPS National IPC Policy) NHSGGC Hand Hygiene Policy NHSGGC Transmission Based Precautions Policy</td>
</tr>
<tr>
<td>Implications of Race Equality and other diversity duties for this document</td>
<td>This policy must be implemented fairly and without prejudice whether on the grounds of race, gender, disability, sexual orientation or religion.</td>
</tr>
<tr>
<td>Lead Manager</td>
<td>Board Infection Control Manager</td>
</tr>
<tr>
<td>Responsible Director</td>
<td>Board Medical Director</td>
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</tbody>
</table>

The most up-to-date version of this policy can be viewed at the following website: www.nhsggc.org.uk/infectionpreventionandcontrol
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1. Responsibilities

**Healthcare Workers (HCWs) must:**

- Follow this policy.
- Inform a member of the Infection Prevention and Control Team (IPCT) if this policy 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 policy.
- Support HCWs and IPCTs in following this policy.

**Infection Prevention and Control Teams (IPCTs) must:**

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

**Occupational Health Service (OHS) must:**

- The Occupational Health Service (OHS) may be contacted for advice regarding treatment for HCWs.
2. General Information on Head Lice

<table>
<thead>
<tr>
<th>Communicable Disease / Alert Organism</th>
<th>Pediculus humanus capitis (head louse).</th>
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</thead>
<tbody>
<tr>
<td>Clinical Condition</td>
<td>Infestation by Pediculus humanus capitis (head louse) on hair, eyebrows and eyelashes.</td>
</tr>
<tr>
<td>Mode of Spread</td>
<td>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.</td>
</tr>
<tr>
<td>Incubation period</td>
<td>The incubation period of eggs is 7-10 days and within 8-10 days of hatching, the nymph becomes a mature adult capable of reproducing. Adult lice can live up to 30 days on a head but do not live for more than 3 days if separated from the human body. The early stages of infestation are generally asymptomatic with itching only occurring after 4-6 weeks as host develops sensitivity to louse saliva.</td>
</tr>
<tr>
<td>Notifiable disease</td>
<td>No.</td>
</tr>
<tr>
<td>Period of communicability</td>
<td>As long as viable eggs or live lice remain on the infested person or fomites.</td>
</tr>
<tr>
<td>High-risk environment</td>
<td>Susceptibility is universal.</td>
</tr>
</tbody>
</table>
3. Transmission Based Precautions (TBPs) for Head Lice

**Accommodation (Patient Placement)**

| 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 after first application of treatment. |

**Care Plan available**

| Care Plan available | No. |

**Clinical Waste**

| Clinical Waste | Follow [Waste Management Policy](#) (Facilities). |

**Contacts**

| Contacts | The hair of all close contacts should be examined for lice. Contacts should be treated with a parasiticidal preparation only if a live louse is found. |

**Crockery / Cutlery**

| Crockery / Cutlery | No special requirements. |

**Treatment application**

| Treatment application | • Treatment should be considered only when a live louse is seen in the hair, and must be prescribed prior to application.  
• In in-patient areas preparations should be applied by nursing staff to ensure correct technique is employed.  
• If conditioner or shampoo with a built-in conditioner has been used in the previous wash, re-wash hair with an ordinary shampoo. Treatment should be applied to dry hair. Matted hair should be combed with a wide-toothed comb to detangle prior to application of lotion.  
• Parasiticidal preparations should be used for one complete treatment of two applications, applied seven days apart.  
• Nitrile gloves and a disposable plastic apron should be worn when applying the lotion. Lotion should be applied as per manufacturer’s instructions but preferably a twelve-hour preparation should be prescribed.  
• Part hair near the top of the head and apply a small amount of the prescribed treatment on to the scalp, rubbing it in. Continue procedure until scalp is completely wet and hair has been covered from scalp to tip. If the hair is longer than shoulder length, it may be necessary to use two bottles.  
• Allow to dry naturally, away from a heat source.  
• Keep treatment away from eyes and leave for the time recommended by manufacturer. Rinse, and then wash with an ordinary shampoo. |

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**Treatment application (cont/…)**

- Swimming or washing hair within 1-2 days after treatment may make some treatments less effective.
- Check and comb wet hair with a fine tooth comb daily.
- Wet hair should continue to be inspected and combed with a fine toothcomb for a further seven days.
- The toothcomb should be for single person use only and cleaned with detergent and hot water after each use. The comb should be discarded on completion of treatment and subsequent combing. A small amount of conditioner applied to the wet hair may assist with the combing. If used, the conditioner should be wiped off of comb with a tissue after each stroke and examined for lice.
- Contact Pharmacist if live lice are present after completion of both applications of treatment, for further advice regarding treatment options.
- Advice should be given to carers and other household members to have their hair examined for signs of infestation.

**Eyebrows / Eyelashes**

- Head lice found on eyebrows or eyelashes should be treated with a twice daily application of petroleum jelly to affected areas.
- Nitrile gloves and a disposable plastic apron should be worn when applying the petroleum jelly.
- The jelly should be applied with a cotton bud or tissue which should be discarded into clinical waste after each application.
- 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.

**Domestic Advice**

- No special requirements.

**Equipment**

- Fine tooth combs should be single-patient use. Personal hairbrushes and combs should be discarded prior to treatment and replacements cleaned on a daily basis with detergent and hot water. 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.

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**Hand hygiene**

Hands must be decontaminated before and after each direct patient contact and following removal of PPE.

**Last Offices**

No special requirements.

**Linen**

Linen should be changed at the time of treatment. Treat as fouled / infested. Place in red alginate bag then into a clear plastic bag and then into a laundry bag. Clean linen should not be stored in the room.

**Moving between wards, hospitals and departments (including theatres)**

Movement should be restricted until completion of treatment. Any movement prior to this should be discussed with a member of the IPCT.

**Notice for Door**

Not required unless in isolation.

**Outbreak**

All infested patients and staff should be treated at the same time. Contact IPCT for advice. (See Screening HCWs).

**Patient Clothing**

If relatives or carers wish to 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. Nursing staff should refer to the document [Patients Clothing Bags for Contaminated Laundry – Information for Clinical Staff](#).

**NB** It should be recorded in the nursing notes that both the advice and information leaflet has been issued.

**Patient information**

Provide information on head lice to the patient / parent / guardian / next-of-kin as appropriate. Leaflets are available on the Health Protection Scotland website. [HPS - Lice - Guidance Note 13](#).

**Personal Protective Equipment (PPE)**

Disposable nitrile gloves and plastic aprons should be worn when applying treatment. Remove on completion and perform hand hygiene.

**Precautions required until**

Completion of first application of treatment.

**Procedure restrictions**

None.
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<tr>
<th><strong>Risk assessment required</strong></th>
<th>Yes.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screening on Admission / Re-admission</strong></td>
<td>Not required</td>
</tr>
<tr>
<td><strong>Screening HCWs</strong></td>
<td>HCWs who have had close contact with a diagnosed case should have their hair checked. The Occupational Health Service (OHS) may be contacted for advice regarding treatment.</td>
</tr>
<tr>
<td><strong>Specimens required</strong></td>
<td>Specimen of louse is not required to be tested for parasiticidal resistance unless there have been repeated treatment failures. Contact a member of Microbiology staff for guidance on specimen collection if there has been repeated treatment failure.</td>
</tr>
<tr>
<td><strong>Specimens marked as “Danger of Infection”</strong></td>
<td>Not required</td>
</tr>
<tr>
<td><strong>Terminal Cleaning of Room</strong></td>
<td>Not required.</td>
</tr>
<tr>
<td><strong>Visitors</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
4. Evidence Base


PUBLIC HEALTH ENGLAND “General Information Head Lice”. Infections AZ HPA - General Information Head Lice (2012 Update)


The Health & Safety at Work Act 1974

Control of Substances Hazardous to Health (COSHH) 2002