

Head Lice Guidelines for the Public

**Children and Young People
Community & Therapy Services**

North Lincolnshire

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries that you may have.

Introduction

This leaflet is to educate the public on the detection, treatment and prevention of head lice infestations ensuring that consistent information and advice is available.

To encourage parental or self-inspection of hair for early detection of head lice helping to minimise the social stigma associated with infestations.

Notes for families – have you got head lice?

Detection of Head Lice- A Practical Guide.

Detection combing – how to do it.

Notes for families – how to treat head lice

Treatment of Head Lice- A Practical Guide.

Medication- where to obtain it and how to use it.

Notes for families – head lice: the truth and the myths about them as follows:-

- The lice
- Who and where?
- How you get them?
- What happens next?
- Prevention – can you stop them?
- What schools can do?
- What families can do?

Notes for families – have you got head lice?

Detection combing – how to do it:

You need:

- A plastic detection comb (from the pharmacist)
- Good lighting
- Ordinary comb

Wash the hair well and then dry it with a towel. The hair should be damp.

Make sure there is good light. Daylight is best.

Comb the hair with an ordinary comb.

Start with the teeth of the detection comb touching the skin of the scalp at the top of the head.

Keep the comb in contact with the scalp as long as possible then draw the comb carefully towards the edge of the hair.

Look carefully at the teeth of the comb in good light.

Repeat over and over again from the top of the head to the edge of the hair in all directions, working round the head.

Do this for several minutes. It takes 10 to 15 minutes to do it properly for each head.

If there are head lice, you will find one or more lice on the teeth of the comb.

Head lice are little insects with moving legs. They are often not much bigger than a pin head, but may be as big as a sesame seed (the seeds on burger buns).

Clean the comb under the tap. A nail brush helps to do this.

If you find something and aren't sure what it is, stick it on a piece of paper with clear

sticky tape and show it to your school nurse or family doctor. There can be other things in the hair that are not lice.

Purchasing the Correct Detection Comb

You can buy a plastic detection comb from the pharmacist. Many combs sold as louse detection and removal combs are unsuitable for the purpose. Only those with flat-faced, parallel-sided teeth less than 0.3mm apart are appropriate 17.

If you need help and advice, ask your local pharmacist, health visitor, school nurse or family doctor.

Do not treat unless you are sure that you have found a living, moving louse.

Notes for families – how to treat head lice

Do not treat unless you are sure you have found a living, moving louse.

Never use head louse lotions on your family “just in case”. It is never a good idea to use chemicals if they are not really needed.

If you are sure you have found a living louse:

- Check the heads of all the people in your home
- Only treat those who have living, moving lice
- Treat them all at the same time with a head lice lotion (not shampoo)
- Ask your local pharmacist, school nurse, health visitor or family doctor which lotion to use and how long to leave it on

- Always follow manufacturer’s instructions when applying a lotion
- Put the lotion on to dry hair
- Use the lotion in a well-ventilated room or in the open air
- Part the hair near the top of the head, put a few drops on to the scalp and rub it in. Part the hair a bit further down the scalp and do the same again. Do this over and over again until the whole scalp is wet
- With long hair you don’t need to apply lotion down any further than where you would put a ponytail band (except when applying the lotion which should fully cover hair)
- Use enough lotion – at least one small bottle for each head and more if the hair is thick. Use all the lotion available
- Keep the lotion out of the eyes and off the face. If this is difficult hold a cloth over the face
- Let the lotion dry on the hair. Some lotions can catch fire, so keep well away from flames, cigarettes, stoves and other sources of heat. Do not use a hair dryer
- Repeat the treatment in seven days’ time for all of those receiving the first treatment
- Check all the heads a day or two after the second treatment. If you still find living, moving lice, ask your local pharmacist, health visitor, school nurse or family doctor for advice

Notes for families – head lice: the truth and the myths

The lice

Head lice are small insects with six legs. They are often said to be “as large as a match stick head”; in fact, they are often not much bigger than a pin head and rarely bigger than a small seed.

They live on or are very close to the scalp and do not wander far down the hair shafts for very long.

The louse’s mouth is like a very small needle. It sticks this into the scalp and drinks the blood.

They can only live on human beings; you cannot catch them from animals.

Nits are not the same as lice. Lice are the insects that move around the head. Nits are egg cases laid by lice, which are glued onto the hair shafts; they are smaller than a pin head and are pearly white.

If you have nits it doesn’t always mean that you have head lice. When you have got rid of all the lice, the nits will stay stuck to the hair until it grows out.

You only have head lice if you can find a living, moving louse (not a nit) on the scalp.

Who and where?

Anybody can get head lice, but they are much rarer in adults.

Head louse infection is a problem of the whole community, not just the schools.

Infection is common during school holidays as well as during term time. Parents start to worry more about lice when children go back

to school because they think the lice are being caught there.

It is not just children who have head lice; adults can get them too. A lot of head louse infections are caught from close family and friends in the home and community, not from the school.

It is often said that head lice prefer clean, short hair. This is incorrect and can be found in dirty, clean, long or short hair.

How you get them

Head lice can walk from one head to another when the heads are touching for some time.

You are very unlikely to pick up head lice from brief contact with other people. The longer you have head-to-head contact with someone who has lice, the more likely it is you will get them too.

They cannot swim, fly, hop or jump. The idea that they can jump may have come from the fact that, when dry hair is combed, a head louse caught on the teeth of the comb is sometimes flicked off by static electricity (this is one reason why detection combing should be done with the hair damp).

You do not get them from objects such as chair backs. Although it is possible that a louse might travel from one head to another if a hat is shared, this is very unlikely. It is not the way infection is usually caught. – is it likely or unlikely then?

What happens next?

If you catch two or more lice, they may breed and increase slowly in number. At this stage, most people do not have any symptoms and won’t know they have lice unless they look very carefully for them.

For the first two or three months, there is usually no itch, but then the scalp may start to itch badly. This is due to an allergic reaction, not to the louse bites themselves.

Most people only realise they have head lice when this itch starts. By then they have had lice on their head for two or three months without knowing it.

In most infections, there are not more than a dozen (12) or so lice on the scalp at any one time.

Some people never get the itchy feeling, including adults. They may have a few lice on their heads for years without knowing it and can pass them to other people.

Louse droppings may fall on to the pillow during the night. Pillows may then get dirty more quickly than usual. –we would advise to wash them regularly.

Prevention – can you stop them?

Combing is an important part of good personal care but head lice are not easily removed by combing therefore the best way to stop infection is for families to learn how to check their own heads. This way you can find any lice before they have a chance to breed. You can then treat them and stop them going spreading to her family members.

The way to check your scalp (the top of your head) is called “detection combing”. It can be done as often as you wish to remove the risk. Please see the section in this leaflet entitled ‘Notes for Families’ – Have you got head lice for more information.

It is advised that if a living, moving louse is found on one member of the family, all others should also be checked carefully and treated at the same time.

What if the problem won’t go away?

The problem may not be head lice at all. Often we think there are lice when there are not really any there. It is usual that we all start to itch as soon as head lice are mentioned.

There are other causes for itching of the scalp and using head louse lotion can sometimes make these worse, if this is the case follow the instructions on the lotion. Using lotion over and over again can cause skin irritation, which itself makes the head itch.

When living, moving lice are found, they can almost always be cleared by using the right lotion. This will only work if enough of it is used, if it is put on in the right way, and if any other family members or close friends who have lice are properly treated at the same time.

A day or two after using the lotion, you sometimes find little lice still there. These have hatched out of the eggs since you put the lotion on and will be killed if you put the lotion on again after seven days.

When you have removed the lice, you may still itch for two or three weeks. This doesn’t mean you still have lice. Check the head carefully. Remember, you do not have head lice if you can’t find a living, moving louse.

When you have removed all of the lice, the nits (empty egg cases stuck on the hairs) may still be there. This does not mean you still have lice and you shouldn’t treat them again no matter how many nits there are if you cannot find a living louse.

People who think their children keep on getting head lice may have made the mistakes listed above and may keep be “treating” lice that have long since been

cleared, or were never even there in the first place.

If people continue to have living lice, this is most likely due to the treatment not being followed correctly or not treating all those close family members or friends who have also been found to have lice. Remember, if infection really does keep on happening, it is almost always from a member of the family or a close friend. It is rarely from other children in the classroom, except from a close friend who they may sit closely and regularly with.

If you still have problems, speak to your family doctor, health visitor, local pharmacist or health visitor.

What can the schools do?

Schools must remember that most lice are caught in the family and the local community, not in the classroom.

“Alert” letters should not be sent out. These can cause an “outbreak” of imaginary lice.

Children who may have lice should not be excluded from school; if they do have lice, they will probably have been there for weeks already. The school nurse can help the parents to know how to detect whether there really are lice there and how to get rid of them if they are.

The school should give information on lice for parents and staff, including the importance of regular detection combing and how to do it. Provision of information should be on a regular basis, not just when there is thought to be an “outbreak” and should be done in conjunction with the school nurse.

Talks for parents by the school nurse can be helpful.

What families can do

Make sure that all family members know about good hair care, including regular, thorough combing.

The only way to control head lice that works is for the family to check their own heads.

Check all the family’s heads regularly with a special plastic detection comb. Please see Notes for families – have you got head lice?

All the family means everyone (adults as well as children) in the same household.

Only if you are sure you have found living, moving head lice in your family or household tell your relatives and close friends so that they can check their own heads.

Reference section

The Stafford Group. Head lice: evidence-based guidelines based on the Stafford Report. J Fam Health Care.2012.

Contacts

Clinical Development Coordinator
Monarch House
Scunthorpe
01724 290621

School Nursing Service

North Lincolnshire 07920821447

If you still have problems, ask your family doctor, health visitor or local pharmacist.

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email:
nlg-tr.PALS@nhs.net

Confidentiality

Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, you may speak to any member of the nursing staff, the designated keyworker within the department or the Trust Moving & Handling Coordinator.

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust

**Diana Princess of Wales Hospital
Scartho Road
Grimsby
01472 874111**

**Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
01724 282282**

**Goole & District Hospital
Woodland Avenue
Goole
01405 720720**

www.nlg.nhs.uk

Date of issue: June 2013

Review Period: June 2016

**Author: Clinical Development and
Assessment Coordinator for Children and
Young People Community Service**

IFP-758

© NLGHT 2013