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

- Updates made to section 3. TBPs for Headlinc, Clinical / Healthcare Waste, Linen, Last Offices and Hand Hygiene

Document Control Summary

<table>
<thead>
<tr>
<th>Approved by and date</th>
<th>Board Infection Control Committee on 09th Oct 2017</th>
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<tbody>
<tr>
<td>Date of Publication</td>
<td>09th Oct 2017</td>
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<tr>
<td>Developed by</td>
<td>Infection Prevention and Control Policy Sub-Group</td>
</tr>
<tr>
<td>Related Documents</td>
<td>Standard Infection Control Precautions (SICPs) (HPS National IPC Policy)</td>
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<td></td>
<td>NHSGGC Hand Hygiene SOP</td>
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<td></td>
<td>National Infection Prevention and Control Manual</td>
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<tr>
<td>Lead Manager</td>
<td>Board Infection Control Manager</td>
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<tr>
<td>Responsible Director</td>
<td>Board Medical Director</td>
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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 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 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.
2. General Information on Head Lice

<table>
<thead>
<tr>
<th><strong>Communicable Disease / Alert Organism</strong></th>
<th><em>Pediculus humanus capitis</em> (head louse).</th>
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</thead>
<tbody>
<tr>
<td><strong>Clinical Condition</strong></td>
<td>Infestation by <em>Pediculus humanus capitis</em> (head louse) on hair, beards, moustaches, eyebrows and eyelashes.</td>
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<tr>
<td><strong>Mode of Spread</strong></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, and cannot be caught from animals.</td>
</tr>
<tr>
<td><strong>Incubation period</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Notifiable disease</strong></td>
<td>No.</td>
</tr>
<tr>
<td><strong>Period of communicability</strong></td>
<td>As long as viable eggs or live lice remain on the infested person or fomites.</td>
</tr>
<tr>
<td><strong>High-risk environment</strong></td>
<td>Susceptibility is universal.</td>
</tr>
</tbody>
</table>
### 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 after 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 be treated with a parasiticidal preparation only if a live louse is found. |
| **Crockery / Cutlery** | No special requirements. |
| **Treatment application** | - Treatment should be considered only when a live louse is seen in hair and must be prescribed prior to application. In in-patient areas preparations should be applied by nursing staff to ensure correct technique is used.  
- 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.  
- Follow the product information leaflet strictly when applying the treatment.  
- Treatment should be applied to dry hair, to all areas of scalp and to all hairs from their roots to their tips.  
- Two applications, 7 days apart are needed to kill the lice that have hatched after the first application.  
- Wet combing or dimeticone 4% lotion is generally recommended as the first line treatment for those who are pregnant or breastfeeding, young children aged 6 months to 2 years, and people with asthma or eczema. |

The most up-to-date version of this policy can be viewed at the following website: [www.nhsggc.org.uk/your-health/infection-prevention-and-control/](http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/)
• 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 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.

• 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

Hands must be decontaminated before and after each direct patient contact, after contact with the environment, after exposure to body fluids and before any aseptic tasks. Patients
should be encouraged to carry out thorough hand hygiene. Please refer to [NHSGGC Hand Hygiene SOP](www.nhsggc.org.uk/your-health/infection-prevention-and-control/).

**Last Offices**

See [National guidance for Last Offices](www.nhsggc.org.uk/your-health/infection-prevention-and-control/).

**Linen**

Linen should be changed at the time of treatment. Treat used linen as soiled/infected, i.e. place in a water soluble alginate bag then a clear bag tied and then into a laundry bag. (Brown polythene bag used in Mental Health areas)

Please refer to [National Guidance on the safe management of linen](www.nhsggc.org.uk/your-health/infection-prevention-and-control/)

Clean linen should not be stored in the room.

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**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](www.nhsggc.org.uk/your-health/infection-prevention-and-control/) is issued. If clothing cannot be washed, they should be put into a plastic bag tied and left for 2 weeks.

**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.

**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.

The most up-to-date version of this sop can be viewed at the following:

<table>
<thead>
<tr>
<th><strong>Risk assessment required</strong></th>
<th>Yes, in regards to patient placement.</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 IPCT for advice.</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)


British Association of Dermatologists “Head Lice” (2017), www.bad.org.uk - Head Lice

The Health & Safety at Work Act 1974

Control of Substances Hazardous to Health (COSHH) 2002