

HEALTH AND SAFETY GUIDANCE NOTE



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5. HEADLICE

Introduction

- 5.1 Lice and scabies are two of the most common infestations, which can affect the human body. Contrary to popular belief, parasites may infest the cleanest of individuals; they do not require the presence of dirt to survive.

The Head Louse (Pediculosis Capitis) – Control

- 5.2 On the basis of the latest advice from the Communicable Disease Surveillance Centre, head lice are a community based problem rather than one centred in schools. People catch head lice anywhere in the community and at home. It is considered grossly unfair to blame schools as being the specific source of lice.
- 5.3 Advice from the Community Paediatricians is that a child should not be excluded from school on the basis of an 'infestation' of head lice. It is also believed that advice letters sent from school notifying everybody in the school or in the class that there are cases of head lice are not effective in eradicating head lice from the scene. All this seems to do is escalate the anxiety of most parents.
- 5.4 The Public Health Medicine Environmental Group has produced the following advice on head louse control:
- Head louse control should be based on teaching the population to detect the parasites by combing.
 - Only people with live lice should be treated. The hair of close contacts should be combed and treated if live lice are detected. Nits (empty egg cases) without the presence of live lice are not a justification in themselves for treatment with insecticide.
 - Treatment with insecticide should be repeated after one week to kill emerging lice. If this does not work, help should be sought from a trained health care professional rather than repeating chemical treatment with the risk of increasing the dose of insecticide.
 - Information from schools to parents, staff, and children should be consistent and given regularly as a medium sized primary school is likely to have a child with head lice on any given school day.

- All primary health care teams should have a member of staff who is trained in head louse control. Families with recurrent infestations may need support.
- Insecticide rotation policies are not now recommended; as there is no evidence that this prevents the development of resistance.

The Head Louse – Biological Information

- 5.5 Lice feed only on blood. They obtain this, five times a day by biting the scalp and sucking. The female lives approximately one month. She lays about eight eggs a day. She glues each egg singly to a hair, as close as possible to the scalp. This ensures that the eggs are kept at the right temperature during incubation. The eggs hatch in eight to sixteen days. They become fully mature after a further eight days. The egg case remains attached to the hair which continues to grow at about one centimetre a month, carrying the egg case with it. The unhatched eggs are the same colour as the skin, whereas the empty egg cases (“nits”) are white and extremely obvious. The diversionary tactic by the lice ensures that our eye is drawn to these empty egg cases leaving the live eggs in peace.
- 5.6 When the lice bite the scalp they inject a salivary secretion which contains both an anticoagulant and a local anaesthetic. Gradually the host becomes sensitised to these. This sensitisation causes an itchy scalp. However, it can take as long as three months for the itching to develop, during which time the infestation may be passed on to other people. Other effects of these bites are a rise in temperature, muscular aches (especially in the calves of the legs) and sometimes glandular swelling - hence the expression “feeling lousy”.
- 5.7 Head lice are transmitted by direct head contact. Eggs on stray hairs will not hatch as they become cold. Lice which drop off the head are always dead or dying, as are those found on combs. Human lice are never found living on animals.
- 5.8 Lice are more commonly found on children and adolescents than on adults, and more commonly on females than on males. European head lice do not live well on people of afro-caribbean descent; however no-one can be regarded as immune to them.
- 5.9 The average schoolchild with head lice will have had them for 4 months before they are detected.

How to Treat Head Lice

- 5.10
- A diagnosis of head lice can only be made if a **LIVING, MOVING LOUSE** is found.
 - Detection combing by Parents/Family members according to instructions is the best method of diagnosis.
 - Chemical treatments are available but must only be given after diagnosis has been made. **Ask your GP or Pharmacist which head louse lotion or liquid to use.**
- 5.11 All close contacts, living in the same house, should be checked and treated if necessary.

- Gently rub the lotion into the dry hair and scalp until the scalp is thoroughly moistened. Pay particular attention to the back of the neck, around the ears and fringes.
- Allow to dry naturally - do not use heat, not even a hairdryer or an open fire.
- After 12 hours wash the hair with an ordinary shampoo.
- Rinse. A fine-tooth comb may be used if desired to remove dead lice and eggs.
- Repeat the entire treatment after seven days using a second bottle of the same lotion or treatment.
- Check the head two days after the second treatment. If you still find living, moving lice ask your pharmacist or GP for advice..

5.12 Thoroughly cleanse all clothing and bedding in contact with lice and wash combs and brushes regularly.