Pennine Care NHS
NHS Foundation Trust

Policy Document Control Page
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Originator **Originated By: Infection Prevention and Control Team** **Designation: Infection Prevention & Control Specialist**
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Approval and Ratification

Referred for approval by: Infection Prevention and Control

Date of Referral: 01/12/2017

Approved by: Infection Prevention and Control Committee

Approval Date: 01/12/2017

Date Ratified by Executive Directors: 11th December 2017

Executive Director Lead: Director of Nursing

Circulation

Issue Date: 18th December 2017

Circulated by: Information Department

Issued to: An e-copy of this policy is sent to all wards and departments

Policy to be uploaded to the Trust's External Website? YES

Review

Review Date: 28th February 2021

Responsibility of: Infection Prevention and Control Team

Designation: Infection Prevention & Control Team

This policy is to be disseminated to all relevant staff.

This policy must be posted on the Intranet.

Date Posted: 18th December 2017

1. INTRODUCTION

Lice are tiny insects that live on humans and feed on blood. When a large number of lice live and multiply on a person, it is called an infestation.

Three different kinds of lice live on humans:

Head lice are usually found in hair, most often on the back of the neck and behind the ears. Head lice are common in preschool and primary school-age children. Adults can get them too, especially adults who live with children.

Body lice live and lay eggs (nits) in the seams of clothing. The lice are on the body only when they feed.

Pubic lice, also called crabs, are usually found in the pubic area. But they may also be found on facial hair, on eyelashes, on eyebrows, in the armpits, on chest hair, and, rarely, on the scalp.

2. AIM OF THE POLICY

The prevention and control of body lice, head lice and pubic lice infestation across Pennine Care NHS Foundation Trust.

Objectives

- To provide current epidemiological information about body, head and pubic lice infestation.
- To provide practical guidance in the treatment and control of body, head and pubic lice infestation.
- To prevent or reduce the impact of outbreaks of body, head and pubic lice infestation.

All healthcare workers and carers who are involved in direct patient care should make themselves aware of the policy.

3. ROLES AND RESPONSIBILITIES

For roles and responsibilities see Infection Prevention and Control Policy CL 4

4. Management of Head Lice and Pubic Lice

The head louse feeds on blood and draws warmth from the scalp. The female lays between six and eight eggs daily (the eggs are smaller than a pin head), she glues them to the base of the hair about one centimetre away from the scalp. These are called Nits. The eggs are not washed off by regular shampooing of the hair. The temperature of the scalp is maintained at around 31^{o}C, the optimal temperature for eggs to hatch after seven to ten days, becoming adults within a week. The empty shells do not fall off and are only removed when the hair falls out with the egg shell attached. Head lice **do not** hop, jump or fly. They can be difficult to detect as they move quickly when disturbed and their colour blend in with the hair.

Severe infestations are only rarely observed. Head lice can also infest any age group and adults may be an unidentified source of infestation to others, keeping infestation circulating within the community.

4.1 Classical Presentation of Head Lice

- Many cases can be asymptomatic, with individuals being totally unaware that they have been infested.
- Itching is not always present and can take between one and three months to develop.
- Tickling feeling of something moving in the hair.
- The louse excretes a fine dark powder, the product of digested blood. This can be found on pillows or clothing, resulting in the appearance of dirty linen more quickly than expected.
- Lice or their eggs may be seen when washing, brushing or combing hair.
- Young children may develop an itch due to extensive biting causing irritation after prolonged infestation.
- Sores on the head caused by scratching.
- Secondary bacterial infestation of the scalp can occur on rare occasions.

4.2 Detection of Head Louse Infestation

- A live Louse must be found to confirm head louse infestation. The viewing of eggs alone is not a good indication of current infestation and may indicate hatched or dead eggs from an earlier successfully treated infestation.

- Finding a nymph or adult may be difficult; there are usually few of them and they can move quickly. If crawling lice are not seen, finding nits within ¼ inch of the scalp confirms that a person is infested and should be treated.

- Louse specimens can be attached to sticky tape and placed into a specimen pot to aid identification.

- The only reliable method of diagnosing head lice is by using a detection comb. (See appendix for method directions). It is one of the most effective control measures, if infestation is detected earlier, it can be treated more quickly, thus preventing further spread of infestation to others.

- Live lice can be found anywhere on the scalp.

- Lice that involuntarily fall off the head or clamber onto hats or pillows are usually dying or will die as they are unable to sustain life without warmth.

- Contact tracing of family and friends who may have had close head-to-head contact in the previous month is vital to prevent re-infestation.

4.3 Transmission to others

- The transmission of Head Lice occurs by **continuous** direct head to head contact. Therefore, spread most often occurs between people who know each other well. During this time, 31 degrees centigrade has to be generated between heads before the louse will be attracted to pass from its host to others.

4.4 Treatment of Head Lice

- Examination of the hair and scalp is necessary to make a diagnosis.

- Treat all confirmed infestations at the same time with an insecticidal lotion or liquid. A course of treatment is two applications, seven days apart. Combs and lotion is available from pharmacy department. Family members who have had close contact also require treatment if infestation confirmed.

    - *A current specific treatment plan will be prescribed by Doctor/Non-medical prescriber

4.5 Pregnancy and Breastfeeding

- *A current specific treatment plan will be prescribed by a Doctor/ Non-medical prescriber

4.6 Control Measure for Head lice

- Patients with a classical presentation of Head lice do not need isolation in a single room. Contact precautions should be used.

4.8 Prevention of head lice

- Education on the value of destroying eggs and lice through early detection, safe and thorough treatment of the hair.

- The regular brushing and combing of the hair may damage some lice, preventing them from breeding but will not prevent infestation.

- Hair should be inspected if there has been head to head contact with an infested person.

- Anti-louse lotions and shampoos should never be used as a means of prevention. This may encourage resistance amongst head lice.

- Regular checks of individuals who have had contact with a person identified with louse infestation.

5. BODY LICE

Body lice are parasitic insects that live on the body and in the clothing or bedding of infested humans; lice lay eggs in the seams of clothing or on bedding. Occasionally eggs are attached to body hair. Lice found on the hair and head are not body lice; they are head lice.

Infestation is common, found worldwide, and affects people of all races. Body lice infestations spread rapidly under crowded conditions where hygiene is poor and there is frequent contact among people. Infestation is unlikely to persist on anyone who bathes regularly and regularly has access to freshly laundered clothing and bedding.

There are three forms of body lice: the egg (sometimes called a nit), the nymph and the adult.

Nit: Nits are body lice eggs. They are generally easy to see in the seams of clothing, particularly around the waistline and under the armpits. They are approximately the size of a pinhead. Nits occasionally may also be attached to body hair. They are oval and usually yellow to white. The egg may take 30 days to hatch.

Nymph: The egg hatches into a baby louse called a nymph. It looks like an adult body louse, but is smaller. Nymphs mature into adults about 7 days after hatching. To live, the nymph must feed on blood.

Adult: The adult body louse is about the size of a sesame seed, has 6 legs, and is tan to greyish-white. Females lay eggs. To live, adult lice need to feed on blood. If the louse falls off a person, it dies within 10 days.

5.1 Classic Presentation of Body Lice

Itching and rash are common; both are the bodies allergic reaction to the lice bite.

Long-term body lice infestations may lead to thickening and discolouration of the skin, particularly around the waist, groin, and upper thighs.

Scratching may cause sores on the body. Secondary infestations can be caused by bacteria or fungi.

5.2 Detection of Body Louse Infestation

Through examining seams of clothing and the body for eggs and crawling lice.

5.3 Transmission

Body lice are spread through direct contact (touching) with a person who has body lice, or indirectly through shared clothing, beds, linens, or towels.

5.4 Treatment of Body Lice

- *A current specific treatment plan will be prescribed by a Doctor/Non-medical prescriber

5.5 Control Measures in an inpatient unit

Treat patient and close contacts as soon as possible after diagnosis following prescribing guidelines.

5.6 Environmental Control of Body lice

- There is increasing evidence that body lice can survive for up to 7 days and pubic lice can survive for up to two days in the environment once they have left the body.

- The environment should be damp – dusted daily or more often if needed to remove fallen louse. Detergent and water is adequate for environmental cleaning.

- Carpets, mattresses not covered by a plastic cover and other soft-furnishings should be vacuumed regularly.

- Care should be taken when making beds not to shake the covers but to carefully remove or smooth them over the bed. Linen should be placed in red alginate bags.

- In the hospital, laundry should be treated as infected and red alginate bags should be used. Patients own clothing and towels should be treated as above. It is usually not necessary to destroy or dispose of bedding, laundry or clothing.

- In the community clothes, towels, and bed linen should be machine-washed (ideally at 60°C or above but the manufacturers washing instructions must be followed) and ironed – especially over seams, after the first and subsequent applications of treatment, to prevent re-infestation and transmission to others.

- In hospital curtains need to be changed round the bed area after completion of treatment and on discharge of the patient from hospital.

- Terminal cleaning of the environment using a hypochlorite-based product at 1000ppm should occur when patient discharged from ward.

5.7 Prevention of Body Lice

- Education on the value of destroying eggs and lice through early detection, safe and thorough treatment of the hair, laundering clothing and bedding in hot water (60 degrees Celsius).

- Use Protective Clothing (gloves and apron) to avoid physical contact with affected individuals, their belongings, clothing and bedding until treatment completed.

- Anti-louse lotions and shampoos should never be used as a means of prevention.

- Regular checks of individuals who have had contact with a person identified with louse infestation.

- Any member of staff who has concerns with regard to infestation of body lice is to report to occupational Health Department

6. Pubic Lice

The pubic louse is ‘crab’ shaped, grey/brown in colour, and about 2mm in length. (smaller than a match head).

The female lays eggs (nits) smaller than a pinhead on the hair shaft, near to the body. The eggs hatch after about seven days. The empty eggshells are tightly attached to the hair and cannot be brushed off.

The exact incidence of pubic lice is unknown, but is thought to be quite common among young adults.

6.1 Classical Presentation of Pubic Lice

- Itching is the most common presenting symptom – due to hypersensitivity to feeding lice. Though may not develop for several weeks.

- Blue macules (maculae caerulae) may be visible at feeding sites.

- Scattering of minute dark-brown specks (louse excreta) can be seen on the skin and underwear.

- Eyebrows and eyelashes can be affected, but this generally occurs in young children.

- Pubic lice may be found in any coarse hair e.g. moustaches, beards, axillary hair, as well as pubic hair. Therefore, all hairy parts of the body may need to be examined.

- Pubic lice can be found around scalp margins. Lice are most likely to be found when the hair shafts are widely spaced.

- Adult lice and/or eggs need to be found to confirm the diagnosis

6.2 Detection of Pubic Louse Infestation

Microscopic examination of a nit or louse of *pthirus pubis* if diagnosis is uncertain.

6.3 Transmission to others

Transmitted by close body contact, which can be from sexual contact or from close family contact (e.g. from an infested beard or chest).

Pubic lice are **not** transmitted via clothing, bed linen or toilet seats.

6.4 Treatment of Pubic Lice

- A current specific treatment plan will be prescribed by Doctor

Check for the absence of lice 1 week after second treatment in complete, to ensure treatment was successful.

Shaving the infested area(s) will not provide protection from re-infestation, because pubic lice need only a minimal length of hair on which to lay eggs.

6.5 Eyelash Infestation

Pubic lice can occasionally infest the eyelashes, but this generally occurs in young children.

6.6 Treatment Failure

If treatment failure occurs in in-patient areas, discuss with the Patients' doctor.

- **Before using another course of treatment, consider whether** treatment failure could be due to inadequate treatment, incorrectly applied treatment, misdiagnosis, or re-infestation (e.g. were all infested contacts treated?).

- **Use a different class of insecticide for the second course of treatment.** This change reduces repeated exposure to the same insecticide, and it is hoped that resistance will emerge more slowly as a result (although resistance of pubic lice to insecticides has not been studied in the UK).

6.7 Infection prevention and Control measures for Pubic Lice

Cases of Pubic lice at in-patient areas should be notified to the Infection Prevention and Control Team.

Patients with a classical presentation of Pubic lice do not require isolation in a single room. Contact precautions should be employed.

6.8 Environment Control of Pubic Lice

- There is increasing evidence that pubic lice can survive for up to two days in the environment once they have left the body.

- The environment should be damp – dusted daily or more often if needed to remove fallen louse. Detergent and water is adequate for environmental cleaning.

- Carpets and mattresses (not covered by a plastic cover) and other soft furnishings should be vacuumed regularly – daily if appropriate.

- Care should be taken when making beds not to shake the covers but to carefully remove or smooth them over the bed. Linen should be placed in red alginate bags.

- In hospital curtains need to be changed round the bed area after completion of treatment and on discharge of the patient from hospital.

- Terminal cleaning with a hypochlorite solution at 1000ppm is also advised for environmental decontamination.

6.9 Prevention of Pubic Lice

- Education on the value of destroying eggs and lice through early detection, safe and thorough treatment of the hair, laundering clothing and bedding in hot water (60 degrees Celsius).

- Use protective clothing (gloves and apron) to avoid physical contact with infested individuals, their belongings, clothing and bedding.

- Anti-louse lotions and shampoos should never be used as a means of prevention.

- Regular checks of individual who have had contact with a person identified with louse infestation.

7. OUTBREAKS OF BODY LICE, HEAD LICE AND PUBIC LICE

- An outbreak of body lice, head lice and pubic lice should be considered when more than one or two cases of body, head or pubic lice occurs in a ward within a 1 month period.
- A co-ordinated response to enable simultaneous checking and appropriate treatment of all patients with confirmed body, head or pubic louse infestation and close contacts that have also been confirmed with body, head or pubic louse infestation can then be drafted.

- Outbreaks of head, body or pubic louse infestation in the in-patient areas should be referred to the trust Infection Prevention and Control Team.

- During outbreaks additional environmental cleaning may need to initiate as instructed by the relevant Infection Prevention and Control Teams.

- Soft furnishing may need to be covered with plastic sheeting and left untouched for several weeks to allow any living lice to die.

8. STAFF AND OCCUPATIONAL HEATH

Any member of staff who has concerns with regard to infestation of head lice is to report to Occupational Health Department.

9. AUDIT AND MONITORING

A report of any incidents of head, body and pubic lice outbreaks will be fed back to staff and their managers and will go to the Infection prevention and Control Committee and area governance groups.

EDUCATION &TRAINING

Staff requirements for infection prevention and control training is identified in the training needs analysis in the Education, Training and Development Policy CO5.

10. EQUALITY IMPACT ASSESSMENT

The Trust strives to ensure equality of opportunity for all both as a major employer and as a provider of health care. This Policy Document has therefore been equality impact assessed by the Infection Prevention and Control Committee to ensure fairness and consistency for all those covered by it regardless of their individual differences.

11. REFERENCES

- CDC (2013) factsheet for Body Lice Infestation
- Prodigy Guidelines Head Lice - December 2004
- Tayside NHS board Communicable Disease department (1999) Policy for the Control of Head Louse Infection in Tayside
- CDC (2013) Fact Sheet for Pubic Lice Infestation
- Prodigy Guidelines Pubic Lice – December (2004)
- Clinical Knowledge summaries: Headline lice revised December 2016.