



Beware of mixing your own potion for treatment or repelling lice – it is unlikely to be effective and could be dangerous. In particular, essential oils, such as tea tree, must be used with extreme caution on children and pregnant or breastfeeding mothers. 'Natural' does not necessarily mean 'safe'.

'Alert' letters from schools and nurseries

You may find that your school or nursery no longer sends out letters to alert parents that a child in the school has head lice. There are a few reasons for this. Most schools and nurseries are likely to have a few children with head lice at any one time. On that basis, 'alert' letters could potentially be required every day. 'Alert' letters also frequently lead parents to attempt to treat their children preventatively, which is neither effective nor advised. Head lice infection cannot be prevented, and over-use of insecticide treatments may lead to resistance.

Schools and nurseries should, though, provide helpful information for parents about the detection and treatment of head lice infection on a regular basis, for example at the start of a new term.

We are happy to consider requests for other languages or formats. Please contact 0131 536 5500 or email nhs.healthscotland-alternativeformats@nhs.net



Seek advice from your school nurse, health visitor, pharmacist or doctor about which treatments are effective – not all those on the market are. In particular, there is no evidence that 'electronic zappers', tea tree oil or preparations that claim to contain insecticides of natural origin are effective.

This leaflet complements the Scottish Government's Health Department's national guidance for professionals, *Guidance on Managing Head Lice Infection in Children*.

www.healthscotland.com



Head lice Information for parents

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tips

Head louse eggs take up to 10 days to hatch. Baby lice take 6–14 days to become fully grown, and it is after this that they will take the opportunity to move from head to head during close contact. Younger lice tend to remain for a minimum of 6 days on the head where they have hatched.



Treatment is only needed when a thorough check detects live lice. Insecticide lotion, rinse, mousse or shampoo should never be used preventatively – doing this may help the lice to become resistant to treatment.

Facts about head lice



- Head lice are small, six-legged wingless insects that live on the hair close to the scalp where it is warm and easy for them to feed.
- They are pin head size when they hatch, less than match head size when fully grown and are difficult to see in the hair.
- The eggs are glued individually to hairs near the scalp. Unhatched eggs are dull in colour and hard to see, but after the lice have hatched the empty egg sacs – called 'nits' – are white and easy to see. Many people mistake the empty egg sacs or nits for head lice when they are actually evidence of a previous infection of head lice.
- Head lice are easily missed in dry hair and do not necessarily cause itching. There are often only 10 lice or less on a head.
- Head lice can't fly, jump or swim. They spread from person to person by climbing swiftly along hairs during close head-to-head contact.
- Head lice are not fussy about hair length or condition – clean hair is no protection.
- Head lice are not harmful.
- Head lice infection is common. Anyone with hair can get them, but children who put their heads together a lot tend to get them more often.

Detection

Head lice can't be prevented but regular checking ensures early detection and treatment if necessary. The best detection method is wet combing (see below). Parents and carers should aim to check their children's hair once a week during hair washing. You need your usual shampoo, ordinary conditioner and a louse detection comb. Remember that you are looking for living, moving head lice – the only evidence that your child has a head lice infection. The comb must be fine enough and robust enough to catch the lice. Your pharmacist will be able to recommend a suitable one.

Treatment

There are three treatment options. One is to use insecticide lotion, another is silicone oil (such as dimeticone) and the third is removal by Bug Busting (see right). These are all available on the Minor Ailment Service from your pharmacist, on prescription from your doctor and from nurse prescribers (some practice nurses and health visitors). You can also buy them over the counter at your local pharmacy.

Lotions and silicone oils

You can ask your school nurse, health visitor, pharmacist or doctor about which lotion or silicone

oil is most effective. People with asthma or allergies, pregnant or breastfeeding mothers, and parents or carers of very young children should always ask their doctor or pharmacist about which treatments are safe for them.

Note the following advice for using lotions or silicone oils:

- Do not use lotions or silicone oils unless you find a living, moving louse. Head lice may become resistant to lotions if they are used too often.
- You should not repeat the treatment at intervals of less than one week or apply it for more than three consecutive weeks as this will not increase its effectiveness.
- Silicone oil coats head lice and interferes with the water balance of the head lice. It is not an insecticide, so resistance is not a problem.
- If live head lice are still being found after two different treatments, ask your doctor, pharmacist, health visitor or school nurse for advice.
- Follow the instructions on the packet carefully. These will tell you how to apply the lotion or silicone oil, how long to leave it on the hair and when any repeat application is required for the treatment to be effective. The treatment method may vary between different lotions.

- Although the lotion will kill the lice, it will not kill the eggs. You will need to apply the lotion again after seven days to kill any newly hatched baby lice. With silicone oils, the oils seem to work on the eggs but two applications are still recommended.
- Again, this procedure may vary between different lotions, so follow the instructions on the packet carefully.
- Treatment does not prevent infections.

Bug Busting

This is a non-insecticide alternative to lotions that involves combing out all lice with a fine-toothed detection comb using the wet combing method described below. To be effective, Bug Busting needs to be repeated every three days for up to three weeks to ensure that all head lice are removed.

The 'Bug Buster Kit' is available on the Minor Ailment Service and on prescription. Only one kit is required for a family and it is reusable. The kit, which includes an illustrated guide and comb for the detection and removal of head lice, is available from community pharmacies and also by mail order from:

Community Hygiene Concern
(Charity reg no: 801371)
22 Darin Court, Crownhill, Milton Keynes, MK8 0AD
Help Line: 01908 561 928
Web site: www.chc.org



Wet combing

- 1 Shampoo the hair, rinse, apply lots of conditioner and use a wide-toothed comb to untangle and straighten.

- 2 Once the tangles have gone, section the hair and comb with the fine-toothed detection comb from root to end. Comb one section at a time, paying particular attention to the back of the neck and the area around the ears.

- 3 Check the comb for live lice between each stroke and remove them.

- 4 When the whole head of hair has been combed through and checked, rinse off the conditioner.

Photographs from Community Hygiene Concern

- 5 Check all family members at the same time and arrange treatment if lice are found.

If you discover head lice, inform any close contacts, so they and their families know they should check too. The time required to wet comb the whole head can range from two minutes for short, straight hair to 30 minutes for long, curly hair.