

# THE FACTS OF LICE



The 'know  
your nits'  
school nurse kit

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Handy info to help school health teams deliver head-lice information

As part of the school health team, you probably already know from experience that talks to parents about head lice are usually very poorly attended. And, of course, the parents that do turn up are often already vigilant managers of unwanted little visitors.

That's why we advocate squeezing in a little talk about head-lice management when parents are already in school for another reason. New-start meetings are an ideal time to dispel any myths about head lice, deliver the facts and advise parents about the best methods for detecting and treating them.

We've put together this handy toolkit to support you in your mission to hammer home the head lice message with parents. It might be helpful if you're delivering a session to staff or pupils in conjunction with teachers too.

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## What's in your 'know your nits' kit?

- 1** A handy summary of the main points about head-lice management.
- 2** The Lousy Quiz: – A great light-hearted icebreaker that will enable you to gauge how much knowledge your audience has about head lice. It's also a good way of dispelling the myths and getting relevant messages across. By the end of the session, everyone should have reached a common level of knowledge.
- 3** The history of head-lice detection in schools: Many parents believe that there were less head lice around in the days when hair inspections were carried out by the school nurse. This section gives you the facts that will help you clear up this popular misconception and explain to parents why inspections are no longer advocated in schools.
- 4** Diagnosis and treatment list: This is not exhaustive and serves only to advise about the main forms of treatment available today. Local health protection protocols must be followed.
- 5** The louse lifecycle: Useful handout for your audience showing head lice at various stages in their development – from egg to fully grown louse.
- 6** Useful websites and other sources of information to support health professionals.



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## Head-lice management summary for school health professionals

- Head lice are not the school's fault.
- The main problem with head lice is itching; they cause no other harm.
- Medicated lotions should only be used when live, moving lice are found and the treatment should be repeated after seven days. Look for pesticide-free solutions, such as those in the Full Marks Solution range.
- Bug Busting is an effective non-medicated alternative treatment.
- Detection and early diagnosis is best done by combing wet hair with a fine-toothed comb once a week.
- At any one time, most schools will always have some pupils with head lice – but the 'lice-alert letters' that some head teachers send home with children often have the negative effect of creating unnecessary panic. All of a sudden, the usual level of infection in the school turns into a massive outbreak in parents' perception!

Psychosomatic itching convinces them that they and their children have head lice when, in fact, they don't. Or they start using medicated lotions as an inappropriate precaution. It's a much better plan to remind parents regularly to check their children's heads weekly – either in the school newsletter or using the downloadable reminder letter templates provided in **The Facts of Lice** resource pack.

You can also give talks or have an information stand in school when parents are in the building for parents' nights etc.

- Exclusion from school is not advisable, since it may cause further unnecessary complications and stigma.
- Treatments are expensive and can be obtained on prescription from GPs or health visitors.
- Follow local health guidelines, policy and procedures.
- Form a local protocol with your schools regarding head lice.



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## The lousy quiz

- 1** How do you get head lice?
  - a. from dirty clothing or bedding
  - b. from other people's heads
  - c. from your dog or cat
- 2** How do head lice travel?
  - a. flying
  - b. jumping
  - c. walking
- 3** Head lice prefer?
  - a. short hair
  - b. long hair
- 4** Head lice prefer?
  - a. dirty hair
  - b. clean hair
  - c. greasy hair
- 5** Head lice are only caught in school?
  - a. true
  - b. false
- 6** Nits are?
  - a. live lice
  - b. dead lice
  - c. live louse eggs
  - d. empty louse eggs
- 7** Head lice moving around make your head itch?
  - a. true
  - b. false
- 8** Head lice feed on?
  - a. dead skin cells
  - b. blood
  - c. dandruff
  - d. dirt
- 9** Head lice can change their colour?
  - a. true
  - b. false
- 10** Head lice lay
  - a. 1 egg a day
  - b. 7 eggs a day
  - c. 30 eggs a day
- 11** Head lice shed their skin
  - a. true
  - b. false
- 12** Head-lice detection is best done by
  - a. school teacher
  - b. school nurse
  - c. parent

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## Answers:

- 1b:** A louse found on a hat, collar, pillow etc will either be dead or damaged and too weak to hang on to the hair. Adult lice can only live apart from humans for a short length of time, so it's unlikely to be infected by contact with clothing or bedding.
- 2c:** A louse can walk from one head to another by direct contact. It cannot hop, jump, fly or be drowned.
- 3a:** Short hair may make it easier for the louse to get from one head to another as it's closer to the scalp and warmer throughout its length. Lice like to be warm and stay in a warm environment close to the scalp.
- 4a, b & c:** Lice aren't too fussy!
- 5b:** False. Head-lice infections are a community problem and are not, as many people think, restricted to children. Adults can be long-term carriers due to desensitisation to head lice over time and, since adults are also likely to have fewer lice, this can make an infection more difficult to identify. Consequently, adults may be an ongoing source of head lice infection, and unknowingly infect children during prolonged head-to-head contact.
- 6d:** Nits are empty egg cases. After a louse has hatched, the empty egg case looks white. The presence of nits isn't necessarily a sign of a current head-lice infection. Nits stick to the hair and grow out at a rate of 1cm per month. Live louse eggs are skin coloured and very difficult to see!
- 7b:** False. It's often thought that itching is the first sign of a head-lice infection. However, for a first infection it can take up to 8 weeks for the itching to start. The itching is actually due to a reaction to louse saliva and faeces, which can result in localised irritation. Skin may become infected as a result of excessive scratching. Lice do not walk on the scalp. In fact, they have difficulty walking on flat surfaces. Their legs end with a claw which grasps the hair and enables them to move around close to the scalp.
- 8b:** Head lice feed on blood approximately five times a day. The biting is not painful.
- 9a:** Lice can change their colour to match the hair colour of their host!
- 10b:** Seven eggs a day. They're firmly glued to strands of hair close to the scalp. They prefer a temperature of 30 - 31°C, which is favourable for their incubation.
- 11a:** True! They shed their skin three times during their growing period and their shed skin and faeces can appear as black dust on the pillow or collar.
- 12c:** The primary responsibility for the identification, treatment and prevention of head lice has to lie with parents, if only for reasons of practicality. The best way to stop infection is to learn how to check your own heads. This way, you can find any lice before they have a chance to breed.

# THE FACTS OF LICE

## Whatever happened to the nit nurse?

Back in the day, the school nurse used to inspect pupils' hair regularly to check for head lice. If you remember that from your schooldays, you'll maybe wonder why it doesn't happen any more.

Research shows that routine head inspections in schools do little to reduce the problem of head lice. Here's why:

- Lice are taken into school from the community – not the other way around.
- An effective head inspection requires damp hair and takes approximately 10 to 20 minutes to do. That's just not possible to do in the school environment.
- Lice move rapidly when they're disturbed and they can go unnoticed during routine school inspections. They don't move around so easily when they're wet!
- Early infection will usually be light and invisible to the naked eye.
- A child who is louse-free at the time of inspection can pick up a louse later in the same day!
- Routine inspections often provide parents/carers with a false sense of security.
- Before the effective control of head lice with lotions like Full Marks Solution was possible, severe cases of infection occurred and head inspections served to detect only the very worst. Nowadays, such gross infestations rarely occur. Most are just a few lice and routine head inspections are ineffectual at identifying these.
- In the past, school health clinics gave out head-lice chemical treatment lotions as standard practice. The advice back then was to treat all family members whether they were infected or not, which led to the lice becoming resistant to the treatments.

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## Diagnosis and treatment

To make a diagnosis of head-lice infection, a live, moving louse must be found. The only reliable method of discovering an active head-lice infection is by detection combing. Here's how to do it:

### Detection combing

You'll need warm water, a towel, an ordinary comb, a detection comb (very fine-toothed, which you can buy from a pharmacist), a cocktail stick, a piece of kitchen paper, a good light.

- Wet the hair well and towel dry. It should be damp, not dripping wet
- Comb the hair through with an ordinary comb so it's tangle-free
- Use the detection comb, starting with the teeth touching the scalp at the top of the head and draw the comb carefully down the length of the hair to the end
- Look carefully at the teeth of the comb in good light. Wipe the comb on the kitchen paper to help look for lice
- What are you looking for? Head lice are little insects with six moving legs. They are usually no bigger than a pinhead, but may be as big as a sesame seed
- If you find lice in the comb, wipe them on to the kitchen paper or remove them with the cocktail stick
- Repeat this all over the head in sections
- When you're finished, clean the comb under the tap. Use a nail brush if needed.



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## The treatment

- Once you're sure you've got a head lice situation on your hands, there are two main options for treatment: using a medicated solution (like **Full Marks Solution**) or Bug Busting.
- Check everyone's head in the household, but only treat those who have live, moving head lice in their hair.
- Inform all the people that the infected person has been in contact with.

### Using a medicated solution

Using medicated solutions for a head-lice infection are never recommended unless living, moving lice have been found on the head of at least one family member. In this case, you should detection-comb all members of the family and treat only those found to be infected.

There are different types of medicated treatment which may be bought over the counter or prescribed by your GP or health visitor, such as pesticide-free **Full Marks Solution**, as well as other more traditional insecticides. In general, a course of treatment for head lice should always be two applications at least 7 days apart. This will get rid of lice emerging from any eggs that survive after the first application.

Preparations with an alcohol base should not be used with children under 5 years of age. In addition, an alcohol base should not be used by people with scalp dermatitis or asthma.



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There are also pyrethroid-based head-lice preparations (with permethrin and phenothrin). Pyrethroid is a natural insecticide found in chrysanthemum flowers, so anyone with a chrysanthemum allergy should avoid these kinds of lotions.

Treatments should always be used in well-ventilated spaces, preferably in the open air, well away from sources of flame and heat such as fires, stoves, cigarettes and hair driers. Avoid lotion running over the face and into the eyes too.

## Louse removal

Once dead, head lice wash out of hair very easily. However, most treatments leave dead or empty eggs (nits) attached to the hair. These eggs won't hatch or cause any harm, but that doesn't stop most of us wanting to get rid of them, anyway! The easiest way to do this is with a removal comb – which catches the eggs between its very fine teeth.

Here's what you'll need:

- A removal comb
- An ordinary comb
- White tissue paper
- Shampoo and conditioner
- Good lighting
- About 15 minutes for normal length hair



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Here's what you do:

1. Wash hair thoroughly with normal shampoo.
2. Apply enough conditioner to cover the hair thoroughly.
3. Remove any tangles by combing the hair with an ordinary comb.
4. If the hair is long, separate into sections to make combing easier.
5. Take the removal comb and, with its teeth touching the scalp, slowly draw it out to the tips of the hair.
6. After each stroke, check the teeth of the comb in good light for any lice. It may be useful to wipe the teeth of the comb on tissue and check for any lice on that.
7. Continue to comb each section thoroughly until the whole head is done. This can take around an hour for long hair.

What happens if you spot live lice after treatment?

There are a couple of reasons why head-lice treatment can fail:

- **Reinfestation**

Head lice treatments can't stop someone catching head lice again. So, if a friend or family member has lice without knowing it, it's likely the lice will be passed around again and again. That's why contact tracing is so important!

- **Insufficient application or use**

Whatever treatment you choose, it's essential to apply enough product. Make sure all the hair is saturated. Some standard-size bottles may not contain enough product for long and/or thick hair. Always follow the manufacturer's guidelines. Incorrect application can cause treatment to fail.



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- **Resistance**

Lice have developed resistance to the poison in many traditional insecticides. If this is the case, you should speak to your local healthcare professional, who can advise on a non-traditional insecticide treatment such as **Full Marks Solution**, to which lice have no known resistance.

If treatment failure reoccurs, it's best to speak to your pharmacist, nurse or doctor about what to do next.

- **Bug-busting**

In recent years, removal of lice purely by wet combing with ordinary conditioner has been advocated. This method is known as 'bug busting'. It's labour-intensive and requires a high level of commitment on the part of parents and carers.

You can either buy a bug-buster kit or get one on prescription from your GP or health visitor. The kits contain special narrow-toothed combs and instructions for use.

## Which treatment to choose?

It's advisable for parents to discuss treatments with a pharmacist, GP or health visitor, because there are a number of aspects to consider:

- The age of the child concerned, as treatments are not licensed for those under 6 months
- Any contraindications including asthma, skin conditions, allergies
- Previous recent use of chemical treatment
- Any existing patterns of resistance
- The wish to avoid creating resistance
- Cost
- Individual parent/carer preference

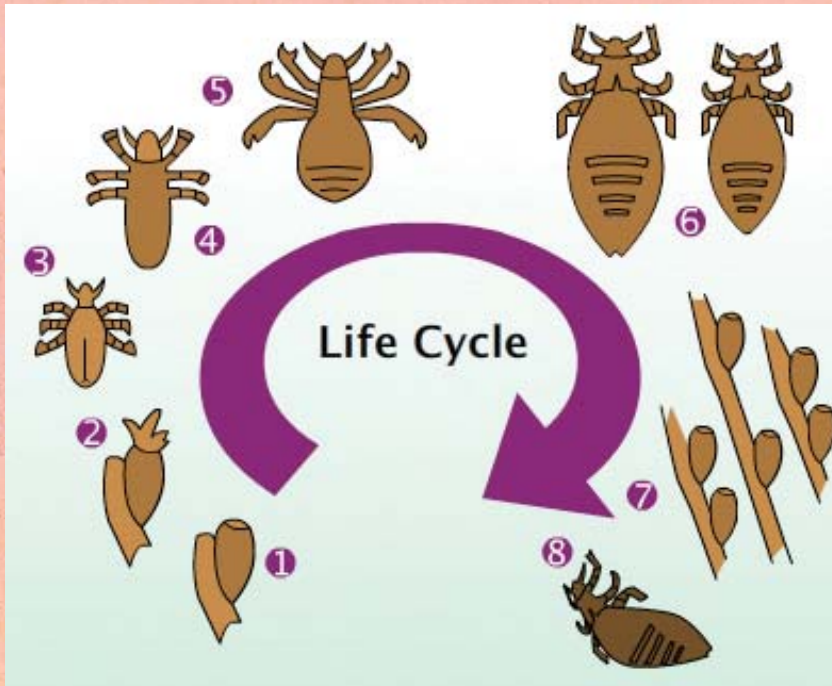


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## The louse lifecycle



- 1 I'm just an egg on your hair
- 2 After seven days I hatch and I'm a louse at last!
- 3 Now I'm a First Nymph - I shed my skin for the first time when I'm two days old
- 4 Second nymph - at three days old I shed my skin again
- 5 When I get to be a Third Nymph I shed my skin for the last time before I become an adult...at eight or nine days old
- 6 I'm an adult louse now, and after 21-27 days I start to reproduce. Female lice are bigger than males
- 7 Two days after mating, if I'm female, I lay six - eight eggs. I do this every day for the next 16 days. I can lay between 50 and 150 eggs in my lifetime. I cement my eggs to the hair shaft and they hatch five to nine days later
- 8 33 - 35 days after I was laid as an egg, I die



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## Useful information sources

Head lice: evidence-based guidelines based on the  
Stafford report 2008 update

Produced by Public Health Medicine Environmental Group

[www.phmeg.org.uk/Documents/Headlice/HeadLiceStaffordRpt\\_2008.pdf](http://www.phmeg.org.uk/Documents/Headlice/HeadLiceStaffordRpt_2008.pdf)

The prevention, identification and management of head  
lice infection in the community, October 2007

Health Protection Agency North West

[www.hpa.org.uk](http://www.hpa.org.uk)

Bug Busting

[www.chc.org](http://www.chc.org)

For general information and further  
photographs see:

[www.nhs.uk](http://www.nhs.uk)

[www.headlice.co.uk](http://www.headlice.co.uk)



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