



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 4.34

DEPARTMENT: *Infection Control*

SUBJECT: *Head Lice*

APPROVAL DATE:

REVISION DATE: March 2016

REVIEW DATE: March 2017; Nov 2018

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POLICY:

When head lice are suspected the following procedure will be instituted.

INDICATIONS:

Head lice are tiny light coloured mites that live on the human hair. In rare cases they may infest the eyebrows and eyelashes. Infestations may result in severe itching and excoriation of the scalp. Secondary bacterial infection may produce scarring, matted hair and ulcerations. Nits are eggs laid by a female louse and are firmly attached to the hair shaft. They are about the size of a pinhead and are often found along the forehead, back of the head and behind the ears. Nits are greyish-white, tan or yellow. Some can be the same colour as hair, making them difficult to see. Adult lice are the size of a sesame seed and are tan to greyish-white in colour. They may look darker in people with dark hair. They need blood to survive and can live up to 30 days on the head but will die within 1-2 days if they fall off the head. Transmission is by direct contact with head of an infested person and/or personal objects used by them (hats, combs, brushes, scarves, bedding, etc.). Lice do not hop or fly, but can crawl at a rapid rate (23 cm/min under natural conditions). Pets are not vectors for human head lice. Head lice die when off host for 24-48 hours. Few adult lice may be seen but numerous nits (egg case) may be seen firmly attached to the hair follicle close to the scalp (1/2 inch/12 mm). These can be differentiated from dandruff or hair casts, which slide along hair. These are most commonly found around ears and the back of head near the nape of neck.

PROCEDURES:

Contact resident's physician to report possible case of head lice and ask if they want head lice policy to be instituted. If yes, proceed as follows:

1. Inform physician the treatment with a pediculicide (R&C shampoo/NIX/ KwelladaP/Resultz) needs to be ordered. A second treatment in 7-10 days is strongly recommended. Avoid use of shampoo or conditioner before or 48 hours after using head lice treatment.
2. Initiate Contact Precautions:
 - a) Place an Isolation cart with a "Contact Precaution" sign on resident's door.



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- b) Resident is to be isolated from other residents until 24 hours after first treatment.
 - c) Notify Laundry to obtain isolation gowns and isolation bags.
3. Registered staff or designate to remove all head lice and nits from the hair or use a head lice comb. Repeat daily until there are no nits. Separate hair into sections then pick up a few strands at a time to remove nits. Pay special attention to behind ears, nape of the neck and close to the scalp.
- a) Staff is to wear gloves and gowns when applying pediculicide, removing nits and lice, and handling contaminated resident articles.
4. Bedding is to be stripped and sent to Laundry (please notify external linen contract company). Nursing is responsible to wipe down the mattress and pillow with germicide before remaking the bed.
- a) Send a 3-day supply of clothing and pyjamas to Laundry. When the 3-day supply is returned from Laundry, hang on clothing hook in the resident's washroom. All other clothing and items that can't be laundered (such as shoes, slippers, stuffed animals, afghans, etc.) should be placed in the resident's closet. The closet is to be **locked** for 7 days. Any items that do not fit in the closet should be bagged, labelled and placed in the on-unit storage room. Resident's locked/bagged articles may be returned to them after the completion of the second treatment with pediculicide. If a second treatment was not ordered, personal items may be returned after 7 days.
5. Recommend to resident and/or family that hair care brushes/combs/rollers, etc. be discarded and replaced with new ones. If not possible, items should be soaked in pediculicide solution.
6. Scalp itchiness can occur following application of a topical insecticide and does not indicate that resistance to treatment or re-infestation has occurred. Diagnosis of an active re-infestation requires detection of live lice.



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