



THE PROFESSIONAL ASSISTANT LEARN & ADVISE



MODULE 3: JULY 2015

Head lice

These unwanted little visitors certainly trigger anxiety among parents. Unfortunately, misconceptions about head lice are almost as common as the insects themselves.

Head lice are tiny, parasitic insects that live in human hair. They stay close to the scalp for warmth and feed on blood several times a day. When fully grown, they are about the size of a sesame seed and are grey/brown in colour, although they may appear darker in people with darker hair.

Lice can't fly, jump or swim, but they do walk around the scalp, holding onto hair shafts as they go. Each louse has six legs that end in claws to help it grip onto the hair. The number of lice that may be present on an infected individual varies, but usually there are fewer than 15. Head lice only live on humans, not on pets or animals, and do not carry diseases.



An adult female head louse lays around six to eight eggs a day, which she glues to hair shafts close to the scalp. These eggs, each about the size of a pinhead, can be difficult to see.

The life cycle of head lice

01

After around nine to 10 days, newly-matured females start to lay their own eggs. Female lice have a life span of three to four weeks.



03

02

After seven to 10 days, the baby lice ("nymphs") hatch, leaving their empty eggshells still attached to the hair. These empty shells, called "nits", appear whiter in colour and are more noticeable, especially as the hair grows.

Newly-hatched lice can feed immediately but can't reproduce until they have matured, a process that involves three molting stages during which they get larger and look more like adult lice.



OBJECTIVES

After studying this module, assistants will:

- Have an understanding of the life cycle of head lice
- Be able to advise on detecting a head lice infection
- Know what treatment options are available.



This module is suitable for all members of the pharmacy team who wish to increase their knowledge of common conditions and their treatment options. This module has been endorsed with the NPA's Training Seal as suitable for use by pharmacy teams as part of their ongoing learning. This module can also form part of your Team Tuesday training.





DID YOU KNOW?

An itchy scalp is not a sure sign of head lice. Some people don't experience an itch and, if they do, it may take up to three months to develop.

Head lice detection

Head lice can be difficult to spot just by looking in the hair, especially considering their size, colour and the fact that they move quickly. Plus, head lice don't usually cause any symptoms. Some people complain of an itchy scalp, but the itch only develops if the person in

question is allergic to the lice and their droppings. Plus, an itchy scalp may be due to other conditions such as



eczema, psoriasis or dandruff. Other possible symptoms of head lice include:

- A crawling sensation on the scalp
- A rash on the back of the neck
- Pillows that appear dirtier than usual.

Nits can be easier to spot – they look like dandruff, but stick strongly to the hair and can't be removed easily by brushing. However, the presence of nits only really shows that the person has had head lice at some point – it is not proof that they are currently infected.



Fast facts

- Head lice are most common among school children aged four to 11 years
- Girls are more likely to be affected than boys, probably because of the way they play together
- Head lice are not a reflection of poor hygiene and they don't prefer long rather than short hair
- Up to one in three children in the UK may get head lice at some point during the year, most often at the start of the school year.

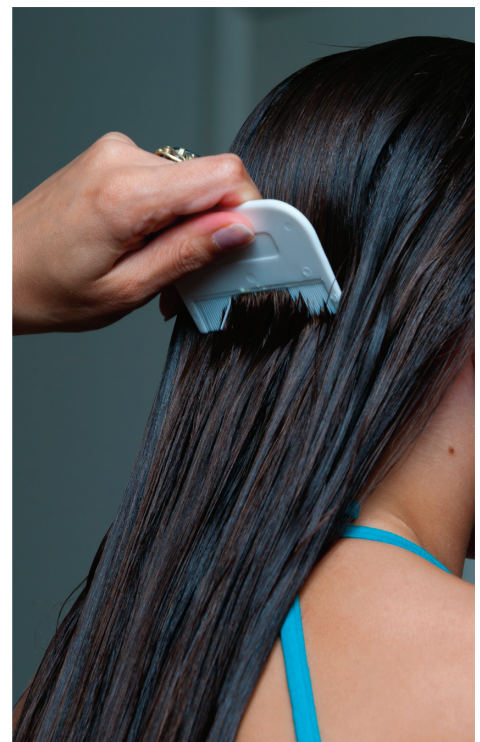


Detection combing

The only way to determine if live lice are present is to find one by detection combing. This is best carried out on wet hair because lice stay still when wet. It requires a fine-toothed detection comb with teeth about 0.2-0.3mm apart.

Advise customers to:

- Wash the hair using ordinary shampoo and apply conditioner. Use a regular comb to detangle and straighten the hair
 - Switch to a detection comb and, ensuring that the edge of the teeth touches the scalp, draw the comb down to the ends of the hair with every stroke
 - After each stroke, check the comb for lice. If any are found, wipe or rinse the comb before combing through again
 - Work methodically, section by section, until the whole head has been checked
 - Rinse out the conditioner and repeat the combing on the rinsed hair.
- If live lice are found, everyone else in the home should be checked and all family members found to be infected should be treated at the same time. Close friends should be alerted so that they too can be checked. However, an infected child does not need to be kept home from school.





DID YOU KNOW?

Phrases like “Feeling lousy”, “Nit wit” and “Nit picking” have all entered our language because of head lice infections.

Treatment options

When recommending a head lice treatment, bear in mind that multiple family members may need to use it, so check all ages, especially of younger children, and remember to enquire about pregnancy and asthma. Ask the WWHAM questions and refer to your pharmacist when necessary.

Check that your customer buys sufficient product for every infected person to use at the same time and make sure that they understand how to use the product correctly.

1

Physical insecticides

These contain ingredients such as cyclomethicone, isopropyl myristate and dimeticone, which kill lice by physical means (e.g. by blocking the tubes lice use to breathe or by blocking the way they get rid of water). The advantage is that lice can't become resistant to these products.

These products are effective against live lice, but while some also target unhatched eggs, others require a second application after seven days to target any lice that may have hatched since the first application. OTC brands include Hedrin, Lyclear, Full Marks Solution and Vamoose.



2

Chemical insecticides

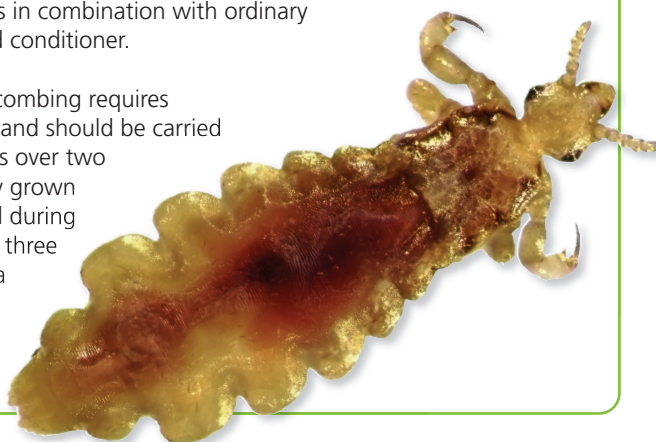
These products contain chemicals that kill head lice. However, there have been some concerns over the potential for head lice to develop resistance. Permethrin (e.g. Lyclear Creme Rinse) and malathion (e.g. Derbac-M) are the two chemical insecticides currently available in the UK. As with all head lice treatments, follow the manufacturer's instructions carefully and repeat the application after seven days if indicated.

3

Bug busting

The Community Hygiene Council's Bug Buster kit uses the principle of wet combing to remove head lice. By repeating the procedure at set intervals, the life cycle of the louse will be broken and the infection eradicated. A Bug Buster kit contains three Bug Buster combs, a Nit Buster comb, a wide toothed comb and a protective cape. It works in combination with ordinary shampoo and conditioner.

Bug Busting combing requires commitment and should be carried out four times over two weeks. If fully grown lice are found during sessions two, three or four then a further three sessions will be needed.



Who to refer

You should refer to the pharmacist:

- Infants under six months of age
- Women who are pregnant or breastfeeding
- Anyone with asthma or allergies
- Rashes or sores suggesting a secondary bacterial infection
- Customers who say that their previous treatment didn't work.

Preventing reinfection

Offer the following tips to customers:

- Tell close friends and family that head lice have been found
- Children should avoid prolonged head-to-head contact with friends and not share hairbrushes, hats, etc
- Carry out weekly detection combing
- Use preventative products (e.g. Lyclear Head Lice Repellent Spray, Vamoose Protective Shampoo, Vosene Kids Advanced Conditioning Defence Spray). These may be used during known head lice outbreaks or immediately after having successfully completed head lice treatment to help avoid reinfection.

Don't forget!

Head lice treatments should not be used “just in case”. Only individuals who have an active infection – shown by the presence of live, moving lice or unhatched eggs attached to hairs close to the scalp – should be treated.



SIGNPOSTING

For more information, you can:

- Use your *Counter Intelligence Plus* training guide
- Visit NHS Choices: www.nhs.uk
- Visit the British Association of Dermatologists website: www.bad.org.uk or call: 020 7383 0266
- Visit the Community Hygiene Concern website: www.chc.org or call: 01908 561928

TEST YOURSELF ONLINE

GOOD PRACTICE KNOWLEDGE IS IMPORTANT WHEN ADVISING CUSTOMERS



Questions

1) Which of the following statements is **FALSE**?

- a) Head lice are parasitic insects that live in the hair and feed on blood from the scalp
- b) Lice can't fly, jump or swim
- c) Human head lice can also affect household pets
- d) Head lice do not carry diseases

2) Which statement applies to the life cycle of a head louse?

- a) Adult females lay six to eight eggs a day, attaching them to hair shafts close to the scalp
- b) Baby "nymph" lice take seven to 10 days to hatch
- c) Empty lice eggshells are called "nits"
- d) All of the above

3) Which is the only **RELIABLE** way to determine if a child currently has head lice?

- a) They have an itchy scalp
- b) Their best friend at school has head lice
- c) Nits can be seen attached to the hair about 5cm from the scalp
- d) A live louse is found on their head during detection combing

4) Which of the following head lice sufferers would you **REFER** to your pharmacist?

- a) A three-year-old boy who attends nursery
- b) A mum expecting her third child
- c) A student working at the local primary school
- d) A middle-aged lady who has just returned from visiting her sister's young family

5) Which of the following statements is **TRUE**?

- a) All family members found to be infected with head lice should be treated at the same time
- b) All head lice products are effective after a single application so there is no need to reapply
- c) It's not necessary to tell friends and family that they may have head lice as this only creates hysteria about lice
- d) Concerned parents can use head lice treatments routinely just in case their children become infected



Scenario

Sheila is a mum who has heard that there is an outbreak of head lice at school. She is worried that her children may be affected, but doesn't know how to check. You explain how to carry out detection combing and she returns the next day to say that she has found a live louse on her seven-year-old daughter's head.



What would you recommend?

For each part of this scenario, select the option that you think would be most suitable for the customer and, importantly, think about why you would take that course of action. Think about how you would talk to your customer and provide the necessary advice. You can discuss this with your team and your pharmacist.

1

Recommend an OTC head lice treatment – either a physical or a chemical insecticide – and go through the directions with Sheila so that she knows how to use it correctly.

2

Suggest Sheila continues to carry out detection combing for a further two weeks to make sure there is a live lice infection.

What if?

By asking the WWHAM questions, you ascertain that Sheila's daughter suffers from asthma and had eczema as an infant

1

Continue with your recommendation of one of the previous treatment options.

2

Refer Sheila to your pharmacist.

What if?

Sheila tells you that she has a four-year-old son at home and her mother. Nobody else appears to be infected at the moment, but she is worried that the lice may spread.

1

All family members should be treated with an OTC product to eliminate the lice and prevent re-infection.

2

Advise detection combing on all family members to make sure new infections are discovered and treated quickly, and suggest a head lice repellent.

3

Refer to the pharmacist.



Go to www.tmmagazine.co.uk to submit your answers to these questions. When you pass, you'll be able to print out a certificate to showcase your learning. You can also add this to your online, personalised learning log.

www.tmmagazine.co.uk