You may find that your child’s school 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 are likely to have a few pupils with head lice at any one time. On that basis, ‘alert’ letters could potentially be required every day of the school year. ‘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 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.

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

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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.

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.

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’.

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Facts about head lice

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- 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 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.

Treatment

There are two treatment options. One is to use insecticide lotion, and the other is removal by Bug Busting (see right). Both are available on prescription from your doctor and from nurse prescribers (some practice nurses and health visitors) or over the counter at your local pharmacy.

Lotions

You can ask your school nurse, health visitor, pharmacist or doctor about which lotion is most effective. People with asthma or allergies, pregnant or breastfeeding mothers, and parents or carers of young children should always ask their doctor or pharmacist about which treatments are safe for them.

Note the following advice for using lotions:

- Do not use lotions unless you find a living, moving louse. Head lice may become resistant to lotions if they are used too often.
- If live head lice are still being found after two treatments, ask your doctor, pharmacist, health visitor or school nurse for advice.

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 prescription. Only one kit is required for a family and it is reusable. The kit, which includes an illustrated guide and combs for the detection and removal of head lice, is available from some pharmacies and also by mail order from:

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(Charity reg no: 801371)
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Helpline: 01908 561 928
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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 a 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.

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.
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- 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 child’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 to catch the lice. Your pharmacist should be able to recommend a suitable one.

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Wet combing

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‘Alert’ letters from schools

You may find that your child’s school 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 are likely to have a few pupils with head lice at any one time. On that basis, ‘alert’ letters could potentially be required every day of the school year. ‘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 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.

‘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.

Tips

Head lice infection cannot be prevented, and over-use of insecticide treatments may lead to resistance.

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.

'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.'

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.

Head Lice

Information for Parents

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