

## Service Guide

# Head Lice Service

Commissioned by Leeds South and East CCG

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**Worried your child  
has head lice?**

**Ask your pharmacist for further  
information as you may be  
eligible for free treatment.**

Don't forget adults can get head lice too!

## Contents

|  |           |
|--|-----------|
| Key Principles .....   | 3         |
| Service Summary .....  | 3         |
| Head Lice Service Guide.....   | 3         |
| Service Delivery Section.....  | 4         |
| Flowchart of Service .....   | 4         |
| The Service.....   | 5         |
| Advice Consultation .....  | 6         |
| Treatment Consultation .....   | 8         |
| Client returns after treatment with evidence of lice still present ..... | 11        |
| Leeds Head Start Service .....   | 13        |
| Safeguarding .....   | 14        |
| Promoting the service .....  | 14        |
| Payment- Claims.....   | 15        |
| Person Requirements to Deliver the Service .....                         | 16        |
| Accessibility.....   | 16        |
| Standard Operating Procedure (SOP) .....                                 | 16        |
| Key Contacts .....   | 17        |
| Resources to support delivery of the service.....                        | 18        |
| Underpinning knowledge Section .....                                     | 19        |
| Head Lice .....  | 19        |
| Life Cycle of a head lice.....   | 20        |
| Detection combing .....  | 21        |
| Contact Tracing .....  | 22        |
| Identifying current head lice infection .....                            | 22        |
| Head Lice Treatments.....  | 23        |
| Useful websites .....  | 24        |
| Documents used in producing this guide.....                              | 25        |
| Template Standard Operating Procedure for the Head Lice service .....    | 26        |
| <u>Treatment consultation.....</u>                                       | <u>27</u> |

### Version Control

| Version No. | Changes Applied                            | By                      | Date       |
|-------------|--|-------------------------|------------|
| 1           | First draft                                | RB                      | 23 Dec 13  |
| 2           | Final                                      | RB                      | 6 Jan 14   |
| 3           | Updated to reflect changes in service spec | RB + BI + CV<br>S&E CCG | 30 June 16 |

### Disclaimer

This Service Guide has been developed to assist pharmacies in delivering commissioned services. It should be used alongside other reference sources, including the service specification provided by the commissioner and current published evidence. Community Pharmacy West Yorkshire does not accept any responsibility for any errors or omissions.

## Key Principles

Service Delivery Guides aim to support community pharmacy teams in delivering commissioned services. A Service Delivery Guide is a practical manual on how to deliver the service, including a step-by-step guide on how to engage with clients, record service delivery and claim service payments.

Service Delivery Guides do not replace the formal contractual arrangement between the pharmacy and the Commissioner to provide the service. Pharmacy staff must make sure that they work within the service specification provided by the commissioner.

Pharmacies operating the service must be authorised by the relevant CCG to provide the service. This is via an authorisation signed by both commissioning organisation and the community pharmacy.

## Service Summary

Head lice are a problem for the whole community, rather than a problem for individual institutions such as schools and care homes. Individuals need to be responsible for the control of head lice within their own household / family.

Pharmacies providing this service will provide evidence-based advice and support to people on the management of head lice, including, where necessary, the supply of combs to detect head lice and medication for the treatment of head lice. The service has been commissioned to help reduce the number of inappropriate referrals made to the Head Start clinic as well as helping GPs make more efficient use of their time and focus on more complex patients.

The service is available to patients registered with a GP practice in the NHS Leeds South and East CCG area. Those not registered with a GP or registered with a GP from outside of the Leeds South and East CCG area should be offered purchase of OTC head lice treatment or referred to their own GP.

This Service does not cover children less than 6 months and those under 6 months old must be referred to their GP. This is due to the product licenses of the available treatments.

## Head Lice Service Guide

This service guide is split into two sections - Service Delivery and Underpinning Knowledge.

### **Service Delivery (p4-20)**

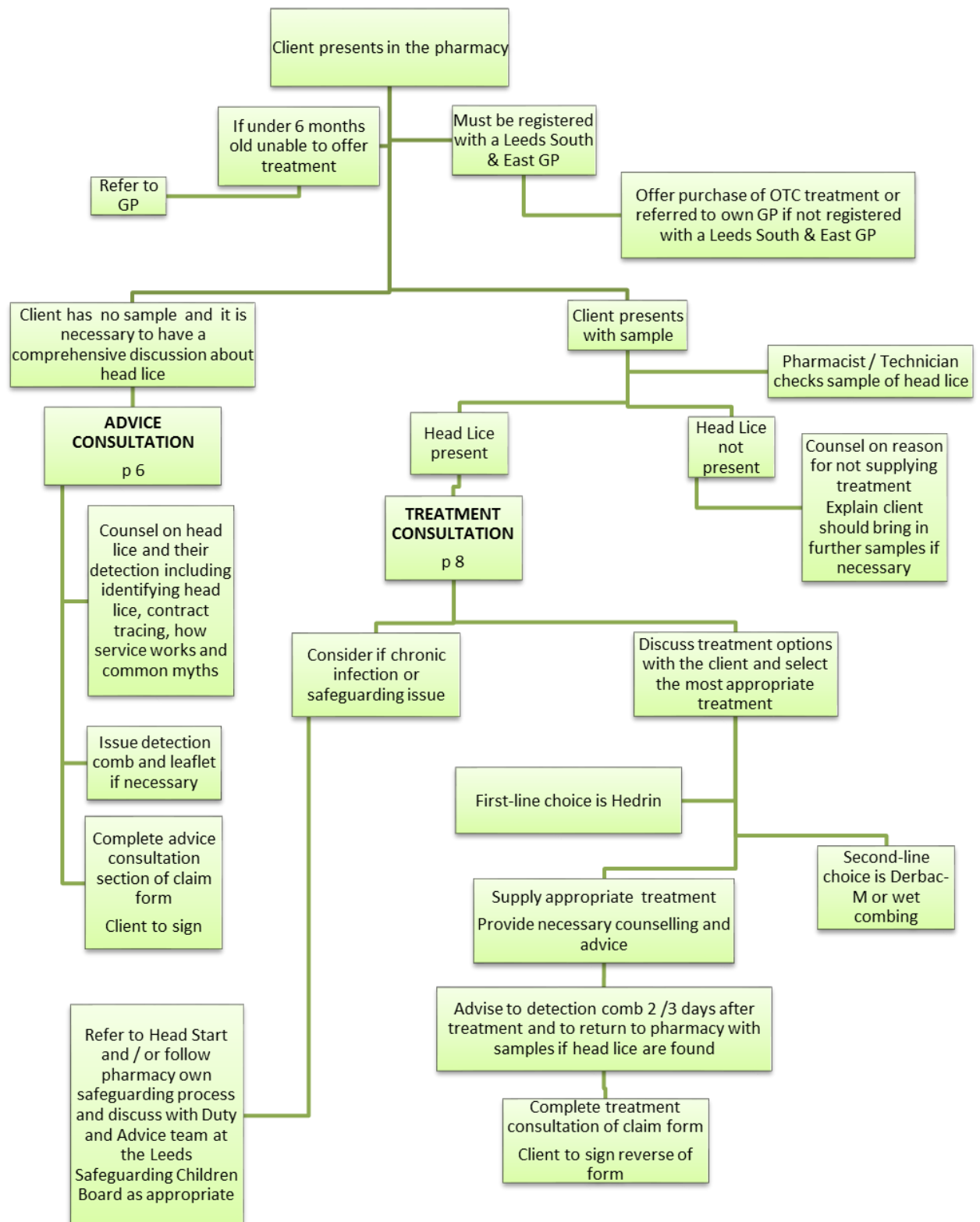
The service delivery section describes the head lice service including a step-by-step guide, signposting information and the claims process.

### **Underpinning Knowledge (p21-29)**

The underpinning knowledge section includes the key information about head lice which is required knowledge for the pharmacists and technicians delivering the service.

## Service Delivery Section

### Flowchart of Service



## The Service

### Who can provide the service?

The Head Lice service must be delivered by a Pharmacist or Registered Technician has completed the Head Lice Declaration of Competence (DoC) (see p16). All other pharmacy staff must be aware that the pharmacy provides the service, which members of staff can deliver the service and ensure that the pharmacy offers a user-friendly, non-judgemental service.

### Where in the pharmacy can the head lice service be carried out?

The pharmacist / technician will give consideration to the part of the pharmacy used for provision of the service, which should provide a sufficient level of privacy and safety for those accessing the service.

If a consultation room is available then the pharmacist / technician should offer the client the option of the consultation taking place within the consultation room.

The service is divided into two parts; advice consultation and treatment consultation.

Treatment failure is considered to be the case when a client returns following recent treatment for head lice and on questioning the client reports not being head lice free following treatment. This will usually be within the 2 weeks after the treatment previously supplied by the pharmacy has been completed. If a client presents at least 2 weeks after previous treatment has been completed, or reports being head lice free following previous treatment, this is not considered to be treatment failure and the pharmacy should treat the infection as a new case.

### Key points

Check the client is registered with a GP within the Leeds South and East CCG area. Those not registered with a GP or registered with a GP from outside of the Leeds South and East CCG areas should be offered purchase of OTC head lice treatment or referred to their own GP. Patients registered with a Leeds North or Leeds West GP can be informed that Head Lice is included within the Pharmacy First service available in those areas.

An advice consultation fee must not be claimed when treatment is supplied.

No sample, no treatment – evidence of infection (sample of a louse) must be presented to the pharmacy for *each* member of the family/ household before treatment can be supplied.

The assessment of sample to assess if head lice are present alone does not attract a fee and no claim should be made.

Treatments must always be repeated 7 days apart.

Always consider if safeguarding is a potential issue.

Ensure the pharmacy keeps enough stock of the head lice treatments to ensure that clients can immediately be supplied with the necessary treatment.


All contacts with living moving lice should be treated at the same time. This is required to break the 'chain of infection'.

## Advice Consultation

An Advice Consultation is only applicable where the client presents to the pharmacy without evidence of head lice infection and it is necessary to have a comprehensive discussion about head lice and their detection.

If client presents with evidence of infection then the supply of treatment protocol must be followed and the pharmacy cannot claim for an advice consultation fee.

- a) Client comes to the pharmacy with a request for advice on head lice on behalf of themselves or a family/household member(s) who may be infected.
- b) Client is referred to a pharmacist or registered technician who has completed the necessary DoC to provide the service.
- c) Counsel the client on the following points:
  - General information regarding head lice including how head lice are transmitted- being mindful to dispel any misconceptions the client may have about head lice.
  - How to detection comb (see Detection Combing, p21) to check for lice and therefore current infection.
  - That detection combing must be carried out for each member of the family/household.
  - How to identify head lice (see Identifying Current Infection, p22) opposed to other debris that may be found by detection combing.
  - That evidence of infection (sample of a louse) must be presented to the pharmacy for *each* member of the family/ household before treatment can be supplied. Ideally this is by sticking as many head lice as can be found onto a piece of paper with clear sticky tape (sellotape) and writing the name of the person from whose head the louse came from underneath the head lice. It is important to have as many lice returned as possible for each person as this will assist in the assessment of head lice infection.
  - Encourage client to complete contact tracing (see p22)
  - Treatment options will be discussed when the client returns with evidence of infection
- d) If necessary the client is given Leeds Community Healthcare (LCH) Head Lice booklet. Only one booklet is to be provided per household.
- e) If necessary the client is supplied with a detection comb. The pharmacist / technician may wish to explain that the comb supplied is designed to remove head lice from the hair. The combs will not remove eggs (nits). Only one comb is to be provided per household.
- f) The client details are entered onto form and the advice consultation section of the head lice treatment form completed.

  
Leeds South and East Clinical Commissioning Group

**Head Lice Service Consultation Record Form**

|   |   |  |
|---|---|--|
| <b>Patient Details:</b>   |   |  |
| Family Name/Surname: <i>M Mouse</i>   | House No: <i>3</i>  | Postcode: <i>LS15 8ZB</i>                                      |
| GP Practice: <i>Garforth Group Medical Practice</i>   |   | Pharmacy Code: <i>FX123</i>                                    |
| <b>Advice Consultation:</b> <small>NB Either an advice consultation or a treatment consultation can be claimed- not both</small>  |   |  |
| Only 'X' the boxes below if the patient(s) present(s) to the pharmacy with no evidence of infection. Marking the box will indicate <b>NO</b> drug treatment has been provided.  |   |  |
| Counselling and advice given <input checked="" type="checkbox"/>  | Head lice comb supplied <input checked="" type="checkbox"/> | Head lice leaflet supplied <input checked="" type="checkbox"/> |
| <b>Patient Declaration:</b><br>I have received information on head lice, how to check for current infection and how to access the pharmacy head lice service. I agree the information can be shared with my GP and Leeds South + East CCG for audit and payment purposes. |   |  |
| Patient/representative's Signature: <i>M Mouse</i> Date: <i>17/1/14</i> Pharmacist/Pharmacy Technician GPhC No: <i>2011111</i>  |   |  |

- g) The client must sign and date the advice consultation section of the form.
- h) Store the form safely for the monthly claims and future reference.

An advice consultation can only be carried out if it is deemed necessary for the client to receive a comprehensive discussion about head lice and their detection.

Some clients may only ever need one advice consultation whereas, others may need reminding of the key information regarding head lice and their detection in-between infections.

Pharmacies cannot claim for an advice consultation if they have not provided the client with a comprehensive discussion about head lice as outlined above.

For clients who appear to need enhanced or frequent support in managing or understanding head lice a referral to the Head Start clinic should be considered.

Leeds South and East CCG would not expect to see recurrent advice consultations for the same clients.

## Treatment Consultation

- a) Client comes to the pharmacy with a sample(s) of head lice for treatment on behalf of themselves or a family/household member(s) who may be infected.
- b) Pharmacist / technician checks the sample of 'lice' returned.

### No lice present in sample(s)

- If no lice present, counsel client on reason for not supplying treatment (e.g. dandruff or dirt returned).
- The pharmacist / technician should, when appropriate, refer the client to their GP if the client presented with a scalp condition (if this cannot be treated within the pharmacy) or impetigo.
- Explain that if head lice infection is suspected, the client should bring in further samples for the pharmacy to assess should it be necessary.
- The pharmacist / technician has the option to undertake an Advice Consultation as outlined on p6-7 if this is deemed appropriate. An advice consultation would not be appropriate if one has recently been provided.
- The checking of a sample to assess if head lice are present does not attract a fee and no claim should be made.

### Head lice confirmed

- c) If lice are present, check which members of the household are infected, with at least one louse per infected person being presented (but preferably as many lice as have been found).
- d) Treatment can only be supplied for individuals who have provided evidence of current infection. If only one head louse is provided in a sample from a household, but you are told that others in the household have head lice, explain that treatment will only be effective if all members of the household are treated at the same time. Ask the client to return with samples from everyone in the household with head lice and then treatment can be supplied to all members of the household at the same time.
- e) Ask the client about previous infection and supplies of head lice treatments, with reference made to previous pharmacy supplies where necessary.
- f) A referral to Head Start should be considered for those with chronic infection (repeatedly infested with head lice for six consecutive weeks or in three separate months of the school year). If a referral is deemed necessary complete the Pharmacy Head Start Referral form.
- g) Consideration must be made as to if there is a safeguarding issue (see p14). Any concerns or uncertainties about any child protection issue, including neglect, should be discussed with the Safeguarding Duty and Advice team.
- h) Discuss treatment options with the client and select the most appropriate treatment. For most clients this will be the first line treatment Hedrin 2 x 50ml bottles.



|  | Product                                    | Supply <sup>1</sup>                                | Advice  |
|--|--|--|---|
| First Line   | Hedrin® Lotion                             | 50ml x 2 for normal length and thickness of hair   | Each infected person should be treated with 50ml lotion (use full bottle) and repeat treatment after 7 days                   |
|  |  | 150ml x 1 for medium length and thickness of hair  | Each infected person should be treated with half the bottle with the remainder reserved for the second treatment after 7 days |
|  |  | 150ml x 2 for very thick or long hair              | Each person with long / thick hair should be treated with 150ml lotion (use full bottle) and repeat treatment after 7 days    |
| Second Line<br>(if known allergy to Hedrin or household unwilling to use Hedrin) | Wet Combing                                |  | Please refer to the LCH Head lice leaflet for technique   |
|  | Malathion 0.5% aqueous liquid<br>Derbac M® | 50ml x 2 for normal length and thickness of hair   | Each infected person should be treated with 50ml lotion (use full bottle) and repeat treatment after 7 days                   |
|  |  | 200mls x 1 for medium length and thickness of hair | Each infected person should be treated with half the bottle with the remainder reserved for the second treatment              |
|  |  | 200mls x 2 for very thick or long hair             | Each person with long/thick hair should be treated with 200ml lotion (use full bottle) and repeat treatment after 7 days      |

NB In most circumstances 2x50ml per person is sufficient to treat head lice. If quantities greater than this are supplied pharmacists should note the rationale for the supply of a larger volume. The CCG will be monitoring the volume of treatment supplied per person.

- i) Supply the client with the appropriate product, ensuring the supply is within the product license. There is no requirement to label the product although pharmacies may wish to record the supply on the PMR in line with good practice.
- j) Counsel the client including:
  - Explanation of how the treatment works including possible side-effects/ cautions and warnings with use. Show and supply the client the Patient Information Leaflet.
  - How to apply the product, quantity to use, length of application and removal of product.
  - Each infected person should be treated that day, and treatment repeated in 7 days' time.
  - Each treated household member should be checked for head lice 2 to 3 days after the second treatment. If living lice are still present the client should return to the pharmacy with a new sample stuck to piece of paper with clear sticky tape clearly indicating which person the lice have come from.
  - If wet combing is prescribed, the method should be explained and the client provided with the LCH Head Lice Leaflet which includes a page on how to wet comb.
  - Encourage client to complete contact tracing (p22).
  - Give general information regarding head lice being mindful to dispel any misconceptions the client may have about head lice.
  - In the unlikely event that different treatments are required within the same household ensure that the representative present is clear as to which preparation is for which person.
- k) Enter the client details onto the patient details and treatment consultation sections of the head lice treatment form.

<sup>1</sup> The quantity supplied is the decision of pharmacist/technician making the supply to ensure full coverage

## Head Lice Service Consultation Record Form

Leeds South and East Clinical Commissioning Group

| <b>Patient Details:</b>   |   |          |  |             |   |   |   |      |                |                          |                    |  |  |  |  |  |                     |  |   |  |  |             |   |  |  |      |             |  |          |          |           |       |          |           |           |  |                |                     |                                     |  |  |  |  |  |  |  |          |                     |                                     |  |  |  |  |  |  |  |          |
|---|---|----------|--|-------------|---|---|---|------|----------------|--------------------------|--------------------|--|--|--|--|--|---------------------|--|---|--|--|-------------|---|--|--|------|-------------|--|----------|----------|-----------|-------|----------|-----------|-----------|--|----------------|---------------------|-------------------------------------|--|--|--|--|--|--|--|----------|---------------------|-------------------------------------|--|--|--|--|--|--|--|----------|
| Family Name/Surname: <b>M Mouse</b>   |   |          |  |             | House No: <b>3</b>  |   | Postcode: <b>LS158ZB</b>                      |      |                |                          |                    |  |  |  |  |  |                     |  |   |  |  |             |   |  |  |      |             |  |          |          |           |       |          |           |           |  |                |                     |                                     |  |  |  |  |  |  |  |          |                     |                                     |  |  |  |  |  |  |  |          |
| GP Practice: <b>Garforth Group Practice</b>   |   |          |  |             |   |   | Pharmacy Code: <b>F X123</b>                  |      |                |                          |                    |  |  |  |  |  |                     |  |   |  |  |             |   |  |  |      |             |  |          |          |           |       |          |           |           |  |                |                     |                                     |  |  |  |  |  |  |  |          |                     |                                     |  |  |  |  |  |  |  |          |
| <b>Advice Consultation:</b> <small>NB Either an advice consultation or a treatment consultation can be claimed- not both</small>  |   |          |  |             |   |   |   |      |                |                          |                    |  |  |  |  |  |                     |  |   |  |  |             |   |  |  |      |             |  |          |          |           |       |          |           |           |  |                |                     |                                     |  |  |  |  |  |  |  |          |                     |                                     |  |  |  |  |  |  |  |          |
| Only 'X' the boxes below if the patient(s) present(s) to the pharmacy with no evidence of infection. Marking the box will indicate <b>NO</b> drug treatment has been provided.  |   |          |  |             |   |   |   |      |                |                          |                    |  |  |  |  |  |                     |  |   |  |  |             |   |  |  |      |             |  |          |          |           |       |          |           |           |  |                |                     |                                     |  |  |  |  |  |  |  |          |                     |                                     |  |  |  |  |  |  |  |          |
| Counselling and advice given <input type="checkbox"/>   |   |          | Head lice comb supplied <input type="checkbox"/> |             |   | Head lice leaflet supplied <input type="checkbox"/> |   |      |                |                          |                    |  |  |  |  |  |                     |  |   |  |  |             |   |  |  |      |             |  |          |          |           |       |          |           |           |  |                |                     |                                     |  |  |  |  |  |  |  |          |                     |                                     |  |  |  |  |  |  |  |          |
| <b>Patient Declaration:</b><br>I have received information on head lice, how to check for current infection and how to access the pharmacy head lice service. I agree the information can be shared with my GP and Leeds South + East CCG for audit and payment purposes.   |   |          |  |             |   |   |   |      |                |                          |                    |  |  |  |  |  |                     |  |   |  |  |             |   |  |  |      |             |  |          |          |           |       |          |           |           |  |                |                     |                                     |  |  |  |  |  |  |  |          |                     |                                     |  |  |  |  |  |  |  |          |
| Patient/representative's Signature: _____   |   |          |  |             | Date: _____   |   | Pharmacist/Pharmacy Technician GPhC No: _____ |      |                |                          |                    |  |  |  |  |  |                     |  |   |  |  |             |   |  |  |      |             |  |          |          |           |       |          |           |           |  |                |                     |                                     |  |  |  |  |  |  |  |          |                     |                                     |  |  |  |  |  |  |  |          |
| <b>Treatment Consultation:</b> <small>NB Either an advice consultation or a treatment consultation can be claimed- not both</small>   |   |          |  |             |   |   |   |      |                |                          |                    |  |  |  |  |  |                     |  |   |  |  |             |   |  |  |      |             |  |          |          |           |       |          |           |           |  |                |                     |                                     |  |  |  |  |  |  |  |          |                     |                                     |  |  |  |  |  |  |  |          |
| Head lice samples received: <b>Y</b> <b>N</b> N.B. Treatment cannot be supplied unless evidence of current head lice has been demonstrated.   |   |          |  |             |   |   |   |      |                |                          |                    |  |  |  |  |  |                     |  |   |  |  |             |   |  |  |      |             |  |          |          |           |       |          |           |           |  |                |                     |                                     |  |  |  |  |  |  |  |          |                     |                                     |  |  |  |  |  |  |  |          |
| Treatment failure? <b>Y</b> <b>N</b>  |   |          |  |             |   |   |   |      |                |                          |                    |  |  |  |  |  |                     |  |   |  |  |             |   |  |  |      |             |  |          |          |           |       |          |           |           |  |                |                     |                                     |  |  |  |  |  |  |  |          |                     |                                     |  |  |  |  |  |  |  |          |
| Patient referred to Head Start clinic? <b>Y</b> <b>N</b>  |   |          |  |             |   |   |   |      |                |                          |                    |  |  |  |  |  |                     |  |   |  |  |             |   |  |  |      |             |  |          |          |           |       |          |           |           |  |                |                     |                                     |  |  |  |  |  |  |  |          |                     |                                     |  |  |  |  |  |  |  |          |
| <table border="1"> <thead> <tr> <th rowspan="2">Name of Household Member</th> <th colspan="6">Treatment Supplied</th> <th colspan="2">Prescription Status</th> </tr> <tr> <th colspan="3">1<sup>st</sup> Line Treatment<br/><b>Hedrin</b><br/>(N.B. Usual quantity expected is 2 x 50ml)</th> <th>Wet Combing</th> <th colspan="3">If allergy to Hedrin, alternate option is:<br/><b>Derbac M</b></th> <th>Paid</th> <th>Exempt Code</th> </tr> <tr> <td></td> <td>2 x 50ml</td> <td>1x 150ml</td> <td>2 x 150ml</td> <td>(Y/N)</td> <td>2 x 50ml</td> <td>1 x 200ml</td> <td>2 x 200ml</td> <td></td> <td>(see overleaf)</td> </tr> </thead> <tbody> <tr> <td><b>Mickey Mouse</b></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><b>M</b></td> </tr> <tr> <td><b>Mickey Mouse</b></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><b>M</b></td> </tr> </tbody> </table> |   |          |  |             |   |   |   |      |                | Name of Household Member | Treatment Supplied |  |  |  |  |  | Prescription Status |  | 1 <sup>st</sup> Line Treatment<br><b>Hedrin</b><br>(N.B. Usual quantity expected is 2 x 50ml) |  |  | Wet Combing | If allergy to Hedrin, alternate option is:<br><b>Derbac M</b> |  |  | Paid | Exempt Code |  | 2 x 50ml | 1x 150ml | 2 x 150ml | (Y/N) | 2 x 50ml | 1 x 200ml | 2 x 200ml |  | (see overleaf) | <b>Mickey Mouse</b> | <input checked="" type="checkbox"/> |  |  |  |  |  |  |  | <b>M</b> | <b>Mickey Mouse</b> | <input checked="" type="checkbox"/> |  |  |  |  |  |  |  | <b>M</b> |
| Name of Household Member  | Treatment Supplied  |          |  |             |   |   | Prescription Status                           |      |                |                          |                    |  |  |  |  |  |                     |  |   |  |  |             |   |  |  |      |             |  |          |          |           |       |          |           |           |  |                |                     |                                     |  |  |  |  |  |  |  |          |                     |                                     |  |  |  |  |  |  |  |          |
|   | 1 <sup>st</sup> Line Treatment<br><b>Hedrin</b><br>(N.B. Usual quantity expected is 2 x 50ml) |          |  | Wet Combing | If allergy to Hedrin, alternate option is:<br><b>Derbac M</b> |   |   | Paid | Exempt Code    |                          |                    |  |  |  |  |  |                     |  |   |  |  |             |   |  |  |      |             |  |          |          |           |       |          |           |           |  |                |                     |                                     |  |  |  |  |  |  |  |          |                     |                                     |  |  |  |  |  |  |  |          |
|   | 2 x 50ml  | 1x 150ml | 2 x 150ml  | (Y/N)       | 2 x 50ml  | 1 x 200ml   | 2 x 200ml                                     |      | (see overleaf) |                          |                    |  |  |  |  |  |                     |  |   |  |  |             |   |  |  |      |             |  |          |          |           |       |          |           |           |  |                |                     |                                     |  |  |  |  |  |  |  |          |                     |                                     |  |  |  |  |  |  |  |          |
| <b>Mickey Mouse</b>   | <input checked="" type="checkbox"/>   |          |  |             |   |   |   |      | <b>M</b>       |                          |                    |  |  |  |  |  |                     |  |   |  |  |             |   |  |  |      |             |  |          |          |           |       |          |           |           |  |                |                     |                                     |  |  |  |  |  |  |  |          |                     |                                     |  |  |  |  |  |  |  |          |
| <b>Mickey Mouse</b>   | <input checked="" type="checkbox"/>   |          |  |             |   |   |   |      | <b>M</b>       |                          |                    |  |  |  |  |  |                     |  |   |  |  |             |   |  |  |      |             |  |          |          |           |       |          |           |           |  |                |                     |                                     |  |  |  |  |  |  |  |          |                     |                                     |  |  |  |  |  |  |  |          |

- l) For those not exempt from prescription fees you can either:
- Supply the treatment under the service and collect one prescription charge per fee paying adult.
  - Offer an OTC purchase of the product. If the product is bought OTC then the supply MUST NOT be recorded on the treatment form.
- m) The client must sign and date the client declaration on the reverse of the form.

Patient Declaration (to be completed by or on behalf of ALL patients)

I have received treatment for the people named overleaf including information about headlice infection, detection combing and how to access the Community Pharmacy Headlice Service. I agree the information can be shared with my GP and Leeds South + East CCG for audit and payment purposes.

**Exemption declaration:** I declare that the information I have given on this form is correct and complete and I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption (where claimed). To enable the NHS to check I have a valid exemption and to help prevent and detect fraud, I consent to the disclosure of relevant information on this form to appropriate NHS and governmental bodies.

|   |                         |
|---|-------------------------|
| Patient/Representative to sign below:<br><b>M Mouse</b> | Date:<br><b>21/1/14</b> |
|---|-------------------------|

- n) Sign section B: Pharmacist / Technician declaration on the reverse of the form.

**Section B: Pharmacist / Technician Declaration**

I certify that I am named in the Leeds S+E CCG Commissioned Service Agreement and that I have carried out the duties as stated in the Service Specification.

|  |                             |
|--|-----------------------------|
| Signed (Pharmacist / Technician):<br><b>C Pharmacist</b> | GPhC Number: <b>2011111</b> |
|  | Date: <b>21/1/14</b>        |

- o) Store the form safely for the monthly claims and future reference.

## Client returns after treatment with evidence of lice still present

- a) Pharmacist / technician checks that lice are present (samples to be brought to pharmacy as before). It is important to have as many lice returned as possible and that each person sticks their lice to a piece of paper and marks clearly which individual the lice have come from. This will assist in the assessment of the reason for treatment failure.

### No lice present in sample(s)

- If no lice present, counsel client on reason for not supplying treatment (e.g. dandruff or dirt returned).
- The pharmacist / technician should, when appropriate, refer the client to their GP if the client presented with a scalp condition (if this cannot be treated within the pharmacy) or impetigo.
- Explain that if head lice infection is suspected, the client should bring in further samples for the pharmacy to assess should it be necessary.
- The checking of a sample to assess if head lice are present does not attract a fee and no claim should be made.

### Head lice confirmed – treatment failure

- b) If lice are present assess the possible reasons for treatment failure.

|                                 |   |  |
|---------------------------------|---|--|
| <i>Few large lice found</i>     | <i>Re-infection from a contact is likely</i>  | <i>Family to reconsider contact tracing</i>  |
| <i>Small lice only detected</i> | <i>Repeat treatment (7 days after first) carried out incorrectly or not at the correct time</i> | <i>Check method used<br/>Ensure good understanding of application of treatment, including repeating after 7 days</i> |
| <i>Lice of varying sizes</i>    | <i>Treatment procedure carried out incorrectly or, if insecticide used, possible resistance</i> | <i>Check method used<br/>Ensure good understanding of application of treatment, including repeating after 7 days</i> |

- c) In all cases of potential treatment failure, discuss contact tracing and ensure all those infected have been treated at the same time.

For physical or traditional insecticides check that the following were used:

- two applications 7 days apart
- correct application technique
- correct application time
- sufficient volume of product to cover hair adequately
- if Malathion was used consider the possibility of insecticide resistance

For wet combing check that the following were used:

- the correct type of comb
- correct combing technique
- sufficient time spent combing
- sufficient combing sessions

- d) A referral to Head Start should be considered for those with chronic infection (repeatedly infested with head lice for six consecutive weeks or in three separate months of the school year) or repeated treatment failure. If a referral is deemed necessary complete the Pharmacy Head Start Referral form.
- e) Consideration must be made as to if there is a safeguarding issue (see p14). Any concerns or uncertainties about any child protection issue, including neglect, should be discussed with the Safeguarding Duty and Advice team.
- f) Supply treatment / advise wet combing and give advice as outlined in treatment consultation above. Hedrin remains first-line choice although consideration can be given to Derbac M / wet combing as an alternative.
- g) Encourage client to complete contact tracing (p22).
- h) Give general information regarding head lice being mindful to dispel any misconceptions the client may have about head lice.
- i) Each household member should be checked by detection combing . If living lice are still present the client should return to the pharmacy with as many head lice from each person as possible stuck to piece of paper with clear sticky tape clearly indicating which person the lice have come from.
- j) Enter the client details onto the patient details and treatment consultation sections of the head lice treatment form indicating the second treatment advised.

| Head Lice Service Consultation Record Form  |  |   |  |                    |       |   |           |                            |                |
|---|--|---|--|--------------------|-------|---|-----------|----------------------------|----------------|
| <b>Patient Details:</b>   |  |   |  |                    |       |   |           |                            |                |
| Family Name/Surname: <b>M Mouse</b>   |  |   |  | House No: <b>3</b> |       | Postcode: <b>LS158ZB</b>  |           |                            |                |
| GP Practice: <b>Garforth Group Practice</b>   |  |   |  |                    |       | Pharmacy Code: <b>F X123</b>  |           |                            |                |
| <b>Advice Consultation:</b> <small>NB Either an advice consultation or a treatment consultation can be claimed- not both</small>  |  |   |  |                    |       |   |           |                            |                |
| Only 'X' the boxes below if the patient(s) present(s) to the pharmacy with no evidence of infection. Marking the box will indicate <b>NO</b> drug treatment has been provided.  |  |   |  |                    |       |   |           |                            |                |
| Counselling and advice given <input type="checkbox"/>   |  |   | Head lice comb supplied <input type="checkbox"/> |                    |       | Head lice leaflet supplied <input type="checkbox"/>                   |           |                            |                |
| <b>Patient Declaration:</b><br>I have received information on head lice, how to check for current infection and how to access the pharmacy head lice service. I agree the information can be shared with my GP and Leeds South + East CCG for audit and payment purposes. |  |   |  |                    |       |   |           |                            |                |
| Patient/representative's Signature: _____   |  |   |  | Date: _____        |       | Pharmacist/Pharmacy Technician GPhC No: _____                         |           |                            |                |
| <b>Treatment Consultation:</b> <small>NB Either an advice consultation or a treatment consultation can be claimed- not both</small>   |  |   |  |                    |       |   |           |                            |                |
| Head lice samples received: <b>Y</b> <b>N</b> N.B. Treatment cannot be supplied unless evidence of current head lice has been demonstrated.   |  |   |  |                    |       |   |           |                            |                |
| Treatment failure? <b>Y</b> <b>N</b>  |  |   |  |                    |       |   |           |                            |                |
| Patient referred to Head Start clinic? <b>Y</b> <b>N</b>  |  |   |  |                    |       |   |           |                            |                |
| Name of Household Member  |  | <b>Treatment Supplied</b>   |  |                    |       |   |           | <b>Prescription Status</b> |                |
|   |  | 1 <sup>st</sup> Line Treatment<br><b>Hedrin</b><br>(N.B. Usual quantity expected is 2 x 50ml) |  | Wet Combing        |       | If allergy to <b>Hedrin</b> , alternate option is:<br><b>Derbac M</b> |           | Paid                       | Exempt Code    |
|   |  | 2 x 50ml  | 1x 150ml   | 2 x 150ml          | (Y/N) | 2 x 50ml  | 1 x 200ml | 2 x 200ml                  | (see overleaf) |
| <b>Mickey Mouse</b>   |  | <input checked="" type="checkbox"/>   |  |                    |       |   |           |                            | <b>M</b>       |

- k) The client must sign and date the client declaration on the reverse of the form.
- l) Sign section B: Pharmacist / Technician declaration on the reverse of the form.
- m) Store the form safely for the monthly claims and future reference.

## Leeds Head Start Service

The Head Start clinic is a nurse-led clinic funded by Leeds Community Healthcare. The aim of the clinic is to focus on patients with chronic head lice including those where there may be safeguarding issues.

### Contact details

Leeds Head Start

Helpline: Monday-Friday 9am – 5pm

Tel - 0113 843 4511 (option to book an appointment at Head Start Clinic)

The Head Start team are experts in the management of head lice and are happy to answer queries relating to head lice, and how to effectively manage head lice, from pharmacy teams.

The pharmacist should refer to the Head Start clinic for the following reasons;

- Repeated treatment failure after two separate courses of Hedrin (or other treatment)
  - Chronic case where the child is repeatedly infested with head lice for six consecutive weeks or in three separate months of the school year
  - Safeguarding concerns including neglect after following internal safeguarding policy
  - In the professional opinion of pharmacist / technician a referral is in the best interests of the client
- a) Pharmacies wishing to refer clients to the Head Start clinic should discuss the reasons for referrals with the client / parent / guardian.
  - b) If there is a safeguarding issue or consent is not sought or given, the pharmacies internal safeguarding procedures should be followed and the matter must be discussed with the Duty and Advice team at the Leeds Safeguarding Children Board before a referral to Head Start is made.
  - c) Complete the referral form and fax (0113 2951383)
  - d) Photocopy the referral form.
  - e) Give the original form to the client (unless a safeguarding issue.
  - f) Retain the copy of the referral form in the pharmacy for future reference.



The form is titled 'Pharmacy Led Head-start Referrals' and is part of the Leeds Community Healthcare system. It contains several sections for data entry:

- Referral Details:** Includes fields for Referral Date, Referral Time, Referral Source, Referral Reason, and Referral Status.
- Referral Information:** Includes fields for Patient Name, Date of Birth, Sex, and Referral Date.
- Referral Details:** Includes fields for Referral Reason, Referral Status, and Referral Date.
- Referral Details:** Includes fields for Referral Reason, Referral Status, and Referral Date.
- Referral Details:** Includes fields for Referral Reason, Referral Status, and Referral Date.

At the bottom of the form, there is a section for 'Notes' and a 'Signature' field. A red stamp at the bottom right reads 'REPORT SENT' and 'ALL INFORMATION MUST BE ENTERED INTO DATABASES'.

## Safeguarding

Pharmacies and their staff are reminded of their existing obligations to comply with local and national guidance relating to child protection and safeguarding vulnerable adult procedures.

When dealing with all clients, but particularly those with frequent or chronic head lice infection, pharmacy staff have a responsibility to consider if there is a potential safeguarding issue.

If anyone in the pharmacy team becomes aware of a potential safeguarding or child protection issue, including neglect, this should be dealt with using the pharmacy's Safeguarding Policy and discussed with the Duty and Advice Team at the Leeds Safeguarding Children Board.

Even if the concern feels to be minor, or if you are not sure if the concern is a safeguarding matter, the Duty and Advice team would rather you contact them to discuss the concern than to assume someone else is dealing with the matter.

### **Duty and Advice Team –tel - 0113 3760336**

Any practitioner who is concerned about a child can ring and speak to an appropriately trained, qualified social worker who will have the time and experience to discuss the concern and agree with the caller the best way to reach the desired outcome for the child.

This is also the number to ring if you are concerned a child is at risk of significant harm and want to make a child protection referral.

Comprehensive information can be accessed at:

<http://www.leedslscb.org.uk>

Safeguarding contacts are available at the following link:

<http://www.leedslscb.org.uk/Practitioners/Local-protocols/Practitioners-Guidance/Contacting-Duty-and-Advice>

## Promoting the service

Ensure that you display the posters and business card dispenser to advertise the service (see resources, p18).

Pharmacies can contact their Leeds South and East GP practice to let them know that you are providing the service. A list of Leeds South and East CCG practices can be found on our website , [www.cpwv.org](http://www.cpwv.org) in the local services section under minor ailments (inc head lice).

You could offer to speak to the practice staff about the service to explain how it works. GP surgeries cannot refer patients to a specific pharmacy, but you could ask the practice to consider referring patients who contact the surgery for an appointment for head lice onto the pharmacy service and ensure that your pharmacy is on the GP practice list of pharmacies in the locality who are offering the service.

Pharmacies can also consider contacting local nurseries and schools to let them know that your pharmacy is providing the service.

## Payment- Claims

The pharmacy will be paid £2.00 per initial consultation and £4.65 per treatment consultation to include;

- Pharmacist / technician time to provide the service
- Associated staff time to support the pharmacist in providing the service
- Completing claim forms and audit

Treatments are reimbursed at cost price (based on drug tariff) plus VAT.

Payments will be made to pharmacies on a monthly basis and within 28 days of submission of the summary claim form.

### Month End Process

a) Collect together all the Head Lice Service Consultation forms for the month.

b) Form by form transfer the details of the consultations onto the Head Lice Summary Claim form.

c) For advice consultation forms you only need to record the number of forms.

d) For treatment consultations you need to record:

- number of forms (i.e. consultations)
- treatment supplied (ensure that you have added up the number of bottles of treatment correctly e.g. each person being treated will usually be supplied with two 50ml bottles)
- record any prescription fees collected
- On the reverse of the form record the number of forms completed under the relevant GP practice

e) Total the amounts due, complete the payment details and take a copy of the claim form.

f) Submit the summary claim form to:

NHS Leeds South and East CCG  
XXHLEDDELLXX  
03G Payables L535  
Phoenix House  
Topcliffe Lane  
Wakefield  
WF3 1WE

- g) The Head Lice treatment forms should be retained in the pharmacy for at least one year after the treatment supply. Forms should be stored in a safe and secure manner and be protected from unauthorised access.

The Commissioner will periodically request that the Provider makes the head lice treatment forms available as part of a Post Payment Verification process. Post Payment Verification checks may be conducted for each pharmacy at least once per annum, but may occur more frequently dependent on the value of the claims and the accuracy of previous checks.

## Person Requirements to Deliver the Service

The Head Lice Service can only be provided by a pharmacist / pharmacy technician who has demonstrated they are competent to provide a head lice service by completing the CPPE Declaration of Competence (DoC) self-assessment and declaration statement for head lice.

### Duty of pharmacy contractors

The pharmacy contractor has a duty to ensure that pharmacists, pharmacy technicians and staff involved in the provision of the service are competent to deliver the service, have relevant knowledge and are appropriately trained in the operation of the service. The pharmacy contractor must hold evidence of competency to provide the service for each pharmacy professional (pharmacist / pharmacy technician) who conducts Head Lice consultations (i.e. retain copies of the Declaration of Competence statements for each pharmacy professional) and make these available to the commissioner on their request.

All pharmacy staff must have relevant knowledge, receive appropriate training and be aware of the service and how it operates to ensure the pharmacy offers a user-friendly, non-judgemental service.

## Accessibility

The expectation is that the service is available throughout the pharmacies opening hours (both core and supplementary). The service is to be delivered by the pharmacy for at least 45 weeks of the year with no continuous break of more than two weeks.

If the pharmacy is unable to meet this level of service delivery then they must inform the service commissioner.

When the pharmacy is unable to provide the service the pharmacy has a duty to signpost any potential clients to another pharmacy, convenient to the client, who are able to provide the service to the client. The pharmacy must ensure that the pharmacy to which the client is being signposted is able to provide the service by phoning the pharmacy before the client leaves the pharmacy.

## Standard Operating Procedure (SOP)

The pharmacy should have a SOP in place for all the services the pharmacy provides, including this Head Lice service. SOPs are necessary to demonstrate to commissioners that the pharmacy is meeting the requirements of the service and to ensure that the service is provided in a safe and consistent way.



This Service Guide should contain the information with which you can produce a SOP. The service specification states that the SOP for this service must:

- Define staff roles and responsibilities
- Include any relevant signposting information
- Include the process for error and near miss reporting
- Is regularly reviewed and kept up to date
- Is signed and dated by all staff (including locums) operating under the SOP
- State the date of production and review date.

Check with the Superintendent before you write any SOP because they must be involved in writing SOPs for the pharmacy.

A template SOP for the service is available on p28.

## Key Contacts

### Leeds South and East Commissioner Contact Details

Queries should be directed to the Medicines Management Team

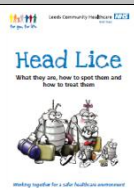



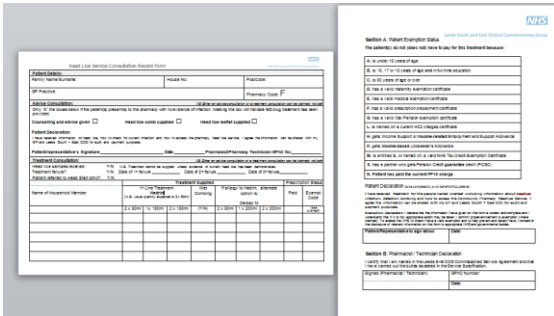
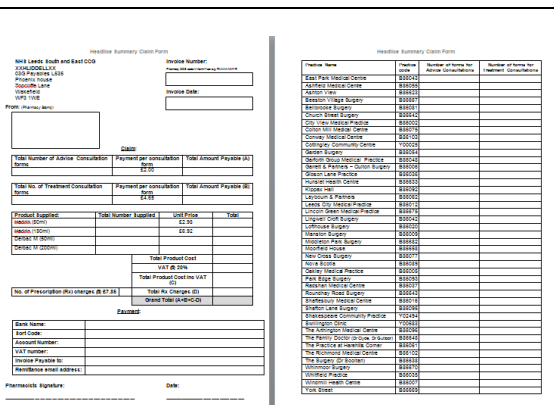

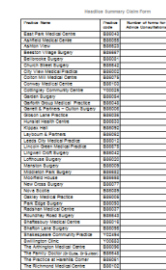
Tel: 0113 84 31618

Email- [medicine.leedssouthandeast@nhs.net](mailto:medicine.leedssouthandeast@nhs.net)

### Community Pharmacy West Yorkshire

Service Development Manager: Ruth Buchan, [ruth@cpwy.org](mailto:ruth@cpwy.org) 07718 192 287

## Resources to support delivery of the service

| Product Description                                 | Product Description   |  | Order from the CCG in which your pharmacy is based   |
|---|---|--|--|
| Head Lice Leaflet<br><br>(also available in Polish) |    |  | Public Health Resource centre<br>Tel: 0113 2243174   |
| Head Lice Detection Combs                           |    | Head Lice business cards<br>                    | Leeds South and East Clinical Commissioning Group<br>3200 Century Way<br>Thorpe Park<br>Leeds<br>LS15 8ZB<br><br>Tel: 0113 84 31618<br>Email:<br><a href="mailto:Medicines.leedssouthandeast@nhs.net">Medicines.leedssouthandeast@nhs.net</a>  |
| Head Lice Poster                                    |    |  |  |
| Consultation record form                            |   |  |  |
| Summary Claim forms                                 |  |  | CPWY website:<br><a href="http://www.cpw.org/pharmacy-contracts-services/local-services/minor-ailments-including-head-lice-.shtml#MA_Leeds">http://www.cpw.org/pharmacy-contracts-services/local-services/minor-ailments-including-head-lice-.shtml#MA_Leeds</a>   |
| Head Start Referral Forms                           |  | List of Leeds South and East GP practices<br> | Pharmacies to download and print subsequent copies from<br><a href="http://www.cpw.org">www.cpw.org</a><br><a href="http://www.cpw.org/pharmacy-contracts-services/local-services/minor-ailments-including-head-lice-.shtml#MA_Leeds">http://www.cpw.org/pharmacy-contracts-services/local-services/minor-ailments-including-head-lice-.shtml#MA_Leeds</a> |

### Head Lice

Adult head lice (*Pediculus humanus capitis*) are quick moving, flesh coloured insects about one millimetre in length, which darken after feeding. They can only be caught by direct, still and prolonged head to head contact. Contact is likely to be from other household contacts or “best friends” rather than casual social contacts. Lice cannot swim, fly, hop or jump and can be found on all types of hair, both clean and dirty.

The lice feed on human blood by biting into the scalp. No report of a blood borne infection (such as hepatitis or HIV) being spread by head lice has ever been recorded. Lice stay close to the scalp where the warmth is required to hatch their eggs.

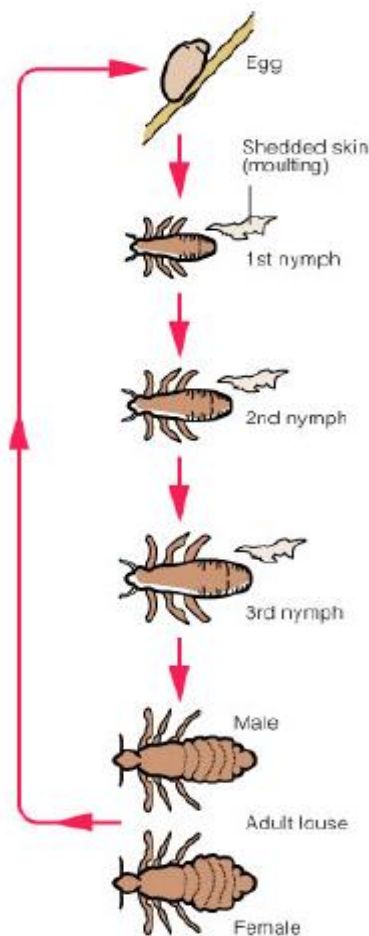


#### Main Points

- Head lice are most common amongst children aged 4 – 11.
- Anybody can get head lice, not just children.
- Head lice make no distinctions between social class, age or personal hygiene.
- Head lice do not care whether hair is clean, dirty, long or short.
- Head lice cannot swim, fly or jump. Head Lice move about by crawling.
- Itching is a reaction to the saliva of the insect when it bites/feeds. Reaction can be immediate, delayed or there can be no reaction – therefore no itching. If itching does occur, itching may take three months to occur.
- **Most** cases of head lice infection are symptomless.
- Spread requires direct head to head contact.
- Infections may be caught from close family and friends in the home and community, not only from school.
- Head lice can only live on human beings – they cannot be caught from animals.
- Head lice cannot survive on clothing or bedding.
- Nits are not the same as lice. Nits are empty white egg cases.
- Nits are attached to the hair shaft with a water-insoluble, glue-like substance that makes them difficult to remove.
- Nits do not always mean a current infection. When you have got rid of all the lice, the nits will still be stuck to the hair.
- You only have head lice if you find a living, moving louse on the scalp.
- In most infections, there are not more than a dozen or so lice on the scalp at any one time making head lice difficult to detect.
- Young lice and eggs are most commonly found behind the ears and at the nape of the neck.
- Head lice infections rarely cause physical symptoms. Sensitization to lice saliva and faeces may result in localised irritation and erythema. Skin may become infected as a result of itching. If a secondary skin infection is identified, such as impetigo, the client should be referred to their GP for further management and guidance.

Head lice generate considerable anxiety among parents and within schools, which is often due to myths and to unjustified stigma. Inappropriate blame may be attached to schools or to individuals. Health professionals have an important role in reducing the anxiety surrounding head lice infection, and in changing false perceptions of head lice infection.

## Life Cycle of a head lice



Female louse lays an egg. Live eggs are skin coloured.

The incubation period is 6 -10 days after which the young louse (nymph) emerges.

After the nymph emerges from the egg, the empty white egg shell (nit) remains fixed to the hair until physically removed by abrasion, physical removal or until it slowly disintegrates, which may take months or years.

There are three nymphal stages of development which take 9 to 10 days to complete.

Lice are not inclined to move off the head until near the adult stage the minimum time spent by a louse on the head where it hatches is 6/7 days.

The third nymphal moult gives rise to either an adult male or female.

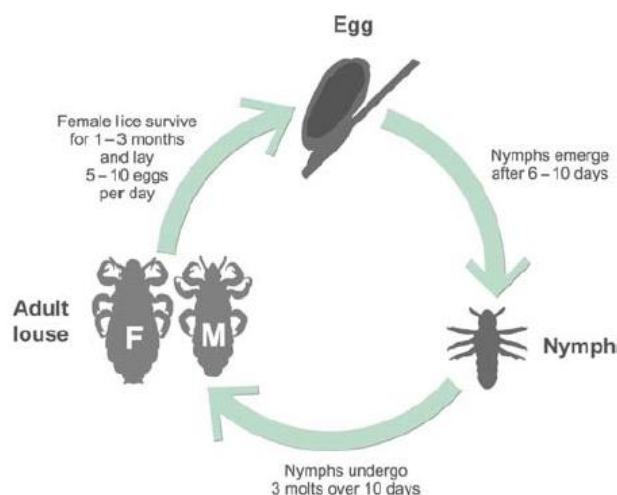
Once adult, the female head louse lays between five and ten grey, oval-shaped eggs each day. Each egg is glued to the base of individual hairs very close to the scalp where the temperature is most favourable to incubation. The most likely sites for eggs are behind the ears and at the nape of the neck.

As the reproduction cycle of the louse is short – egg to egg is only about 17-20 days – the spread of infection can only be prevented by early detection together with quick and effective eradication.

Head lice feed only on human blood, approximately 5 times per day.

Females outnumber males in the ratio.

Old egg shells, the “nits”, are found away from the scalp, are white and shiny and more easily seen than the eggs and are harmless. By the time the hair has grown one centimetre the content of the egg has either hatched or died. The presence of nits does not necessarily mean there is an active live infection on that head.



## Detection combing

Detection combing should be carried out regularly, at least once a week. A fine-tooth plastic **detection** comb and an ordinary comb are required for this procedure. This method should be used to check everyone in the household for head lice. The hair needs to be damp as lice are relatively motionless when wet.

### Detection combing – how to do it

1. Wash the hair well and dry with a towel, leaving hair damp
2. Make sure there is good light – daylight is best
3. Comb the hair with an ordinary comb
4. Start with the teeth of the **detection comb** touching the skin of the scalp at the top of the head
5. Keeping in contact with the scalp as long as possible, draw the comb carefully towards the ends of the hair
6. Look carefully at the teeth of the comb in good light to check for lice – it may help to use a tissue/white paper
7. Working your way all around the head repeat steps 4 to 6

Detection combing takes 10-15 minutes per person.

It can help children if detection combing becomes a fun part of their weekly routine e.g. on hair wash night go 'searching for beasties'

If live lice are found, stick them to a piece of white paper with clear sticky tape marking clearly which person the lice have come from. As many head lice as possible from each person should be collected.

The combs supplied as part of the head lice service are made of resilient plastic and have parallel-sided teeth with a space between them of 0.3mm or less. These combs are easily drawn through the hair, unless it is tightly curled, without the excessive discomfort or damage to the hair that can be caused by some metal combs, and can remove even the smallest first instar nymphs.

#### *Plastic combs*

Many combs sold as louse detection and removal combs are unsuitable for these purposes. Only those with flat-faced, parallel-sided teeth less than 0.3mm apart are appropriate.

#### *Metal combs*

There are various forms of metal combs with wire pin teeth that are close enough together to force louse eggs to slide along hairs so that they can be removed. There appear to be no published randomised trials on whether they are effective and therefore have not been included as part of this service.

#### *Electronic and mechanical combs*

Most electronic combs have fairly widely spaced teeth so they may not come into contact with all stages of lice during combing. There appear to be no published randomised trials on whether they are effective. As such, these should not be recommended.

## Contact Tracing

Contact tracing means telling anyone who has had 'head to head' contact with the person with head lice for more than one minute (e.g. parents, brothers, sisters, grandparents, other relatives, friends, playgroup, school) about the head lice infection, so they can do detection combing and treat if necessary. The spread of head lice can only be prevented giving those who may have picked up head lice a chance to detect and treat infection early.

Ask the client to think back to who has been in contact with the household members with head lice, so that they can let them know to check for lice as well.

Contact tracing is the responsibility of the family and not the school or school nurse/health advisor/pharmacy.

## Identifying current head lice infection

The Pharmacist or Registered Technician must check the sample of 'lice' returned. Only if current infection is proved for an individual can head lice treatment be supplied.

The pharmacist or technician should scrutinize the sample returned for each individual. Bright light is essential to be able to clearly identify head lice and a magnifying glass may also be helpful.

Head lice are 1-4 mm long (about the size of a sesame seed) and although small, are easily recognisable as an insect, opposed to dirt, dandruff or nits.



Source: [www.en.wikipedia.org](http://www.en.wikipedia.org)

It is not uncommon for the following to be within the sample:

|                            |  |
|----------------------------|--|
| Live eggs                  | Small, dull and flesh coloured<br>Adhere to hair shafts just above the roots of the hair |
| Nits<br>(empty egg shells) | White and shiny<br>Adhere to hair shaft<br>More easily seen than the eggs                |
| Dandruff, dirt             | Small particles  |



Size of egg casing compared  
with a pinhead

Current infection is proved by finding head lice within the sample supplied.  
Eggs or nits are not evidence on current infection.

If only one head louse is provided in a sample from a household but you are told that others in the household have head lice you need to explain that treatment will only be effective if all members of the household are treated at the same time. Ask the individual to return with samples from everyone in the household with head lice and then treatment can be supplied to all members of the household at the same time. This is required to break the 'chain of infection'.



## Head Lice Treatments

The first line treatment is Hedrin 4% Lotion with Derbac M and wet combing as second line treatments. Second-line treatment should be selected only when there is either a known allergy to Hedrin or family are unwilling to use Hedrin. The Pharmacist / technician should select the second-line treatment based on patient choice and current availability of products.

All family/household members found to have head lice should be treated at the same time. This prevents re-infection.

Head lice products should not be used unless there is current head lice infection.

### Topical head lice products

- The directions as stated within the Patient Information Leaflet should be followed.
- Chlorine may affect the success of the treatment. If anyone being treated has been swimming in the 3 days before treatment ask them to thoroughly wash and dry their hair before applying the product.
- Use the product in a well-ventilated room.
- Apply the treatment to dry hair.
- The hair should be parted into small sections and the lotion rubbed into the scalp and hair until it is thoroughly wet.
- Keep the product on overnight, or as long is as recommended by the manufacturer (usually 8-12 hours).
- Do not use a hairdryer – let the hair dry naturally.
- For all products, shampoo the hair and rinse well once treatment completed.
- After seven days, a second treatment should be applied in exactly the same way – this is essential for treatment to work.
- Do not use head lice lotion more than once a week.

### Wet combing

Wet combing physically removes the lice from the hair before they are mature enough to reproduce or spread. A small amount of conditioner, vegetable oil or baby oil is applied to wet hair.

A detection comb is used to comb the hair in the same way as for detection combing.

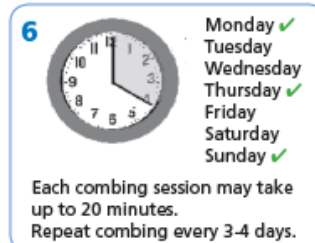
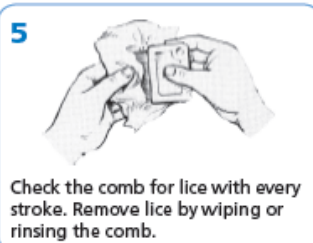
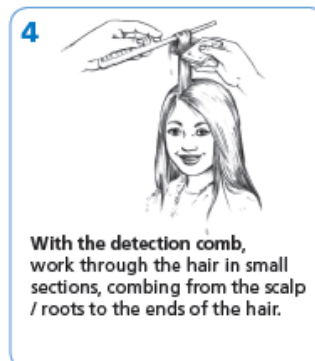
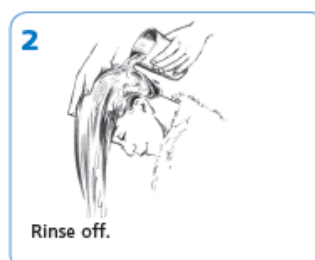
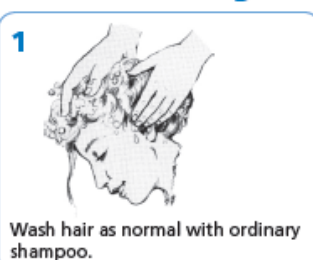
To remove all the lice can take 30 minutes or more.

Good lighting is essential.

The process is repeated every three or four days, for at least two weeks, until no living lice have been found for three combing sessions.

If fully grown lice are found at any time after the first session, this indicates a new head lice infection.

### The wet combing method illustrated



Once the head is clear of head lice, regular detection combing sessions should be continued.

#### Other treatments

The head lice service only includes evidence-based products which have a product licence. Other treatments (medical devices) are available to purchase over-the-counter.

#### Repellents

Products that claim to 'repel lice' are not recommended, as they do not deal with the control of lice in the population and do not treat existing infections.

#### Alternative Therapies

Many products are now available on the market such as tea tree oil and bark. Advice from the Insect Research Centre is that these products should not be recommended as a method of treatment and/or prevention of head lice as:

- There is no scientific evidence to support its effectiveness against head lice
- Misuse in the application of such oils can easily occur and there have been reports of children acquiring superficial burns as a result of oils not being correctly diluted
- Some of the oils used in "head lice preparations" may aggravate medical conditions, for example eucalyptus oil should be avoided by people who suffer from epilepsy and asthma.

### Useful websites

#### **NHS Choices**

Information for both those with head lice and pharmacy staff regarding the detection and management of head lice

<http://www.nhs.uk/conditions/head-lice/pages/introduction.aspx>

#### **NICE Clinical Knowledge Summary**

Covers the initial management of head lice infestation, advice on how to check whether treatment was successful, and management if initial treatment was unsuccessful

<http://cks.nice.org.uk/head-lice>

#### **Medical Entomology Centre**

Some common questions and answers

[http://www.insectresearch.com/ps\\_faglice.htm](http://www.insectresearch.com/ps_faglice.htm)

#### **Department of Health – Health Protection Guidance**

General information about head lice

<https://www.gov.uk/guidance/head-lice-pediculosis>



## Documents used in producing this guide

Drug and Therapeutics Bulletin  
DTB Vol 45 No 7 July 2007

HEALTH PROTECTION AGENCY NORTH WEST: The Prevention, Identification and Management of Head Lice Infection in the Community: November 2010  
[http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1296681612732](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1296681612732)

NHS Choices  
<http://www.nhs.uk/conditions/head-lice/pages/introduction.aspx>

Map of Medicine  
<http://www.nhs.uk/Conditions/Head-lice/Pages/MapofMedicinepage.aspx>

Leeds Community Healthcare: Best Practice Guidance for the Management and Treatment of Head Lice  
[www.leedscommunityhealthcare.nhs.uk%2Fdocument.php%3Fo%3D2827&ei=NbhbUjtQEI2a1AWII4HACg&usg=AFQjCNEGbynBibh7IBvd0JdnbZe7nhU\\_Yg&bvm=bv.53899372,d.d2k](http://www.leedscommunityhealthcare.nhs.uk%2Fdocument.php%3Fo%3D2827&ei=NbhbUjtQEI2a1AWII4HACg&usg=AFQjCNEGbynBibh7IBvd0JdnbZe7nhU_Yg&bvm=bv.53899372,d.d2k)

NHS Calderdale Head Lice Guidelines  
[http://www.calderdale.nhs.uk/fileadmin/files/Local\\_Services/IPC/Polices\\_and\\_Guidelines/Headlice\\_10.pdf](http://www.calderdale.nhs.uk/fileadmin/files/Local_Services/IPC/Polices_and_Guidelines/Headlice_10.pdf)

## Template Standard Operating Procedure for the Head Lice service

|  |  |                                 |                    |  |
|--|--|---------------------------------|--------------------|--|
| <b>Pharmacy Name</b>   |  |                                 | <b>SOP version</b> |  |
| <b>Date of SOP preparation:</b>  |  | <b>Date SOP effective from:</b> |                    |  |
| <b>SOP prepared by:</b>  |  | <b>Review date for SOP:</b>     |                    |  |
| <b>Objective</b><br>To define the procedures of the 'Head Lice Service' (the Service) in order to ensure that the Service is conducted as commissioned and is provided to a high quality in a consistent, professional and accurate manner.  |  |                                 |                    |  |
| <b>Scope</b><br>This procedure applies to all staff participating in the provision of the Service.   |  |                                 |                    |  |
| <b>Responsibilities</b><br>The responsible pharmacist in charge of the community pharmacy is responsible for ensuring that the Service is carried out as within this SOP and in line with the LES (i.e. as commissioned).<br><br>Each person delivering the service is responsible for ensuring that they work under this SOP.<br><br>All employees are responsible for treating all users of the Service with respect and courtesy. |  |                                 |                    |  |
| <b>Person Requirements</b><br>The Head Lice service is to be provided by a Pharmacist or Registered Technician who can meet the competencies and underpinning knowledge as stated within the service specification. The Pharmacist must ensure the Registered Technician can meet the competencies before they provide the service.  |  |                                 |                    |  |
| <b>Facilities</b><br>The part of the pharmacy used to deliver the service should provide a sufficient level of privacy for those accessing the service, this may be the consultation room.   |  |                                 |                    |  |
| <b>The process stages</b>  |  |                                 |                    |  |
| <b><u>Advice Consultation</u></b>  |  |                                 |                    |  |
| 1  | Counsel the patient on head lice, detection combing, contact tracing and the pharmacy head lice service including that evidence of infection (sample of a louse) must be presented to the pharmacy for each member of the family/ household, before treatment can be supplied. |                                 |                    |  |
| 2  | Supply one Leeds Community Healthcare Head Lice leaflet and approved comb per household.   |                                 |                    |  |
| 3  | Complete the Advice Consultation section of the Consultation Record Form   |                                 |                    |  |

| <b><u>Treatment Consultation</u></b>  |  |   |
|---|--|---|
| 1   | Check sample of head lice returned   |   |
| 2   | Consider if a referral to the Head Start clinic is appropriate or if safeguarding needs to be considered   |   |
|   | <b><u>No Lice present</u></b> <ul style="list-style-type: none"> <li>• Counsel reason for not supplying treatment (e.g. dandruff, dirt or egg cases returned)</li> <li>• Explain that the client should bring in further samples for the pharmacy to assess should it be necessary.</li> </ul> | <b><u>Lice present</u></b> <ul style="list-style-type: none"> <li>• Check which members of the household are infected</li> <li>• Discuss the first-line treatment option in line with if this episode is first presentation, first or second treatment failure.</li> <li>• Supply treatment as appropriate (treatment to be repeated 7 days apart or 2 weeks of wet combing).</li> <li>• Counsel the client to include how to use the treatment, warnings / cautions, repeating of treatment and to complete contact tracing.</li> <li>• Advise each treated household member should be checked 2 to 3 days after the second treatment and if living lice are still present to return to the pharmacy with new samples.</li> <li>• Complete the treatment supply section of the consultation Record Form</li> </ul> |
| <b>Clinical Governance</b><br>Confidentiality is a matter of both law and ethics. All staff must respect the confidentiality of information relating to the patient and their family acquired in the course of the Service. Such information should not be disclosed to anyone without the consent of the patient.<br><br>All forms and paperwork containing personal information of a patient should not be left unattended and must be kept securely when not in use, to prevent any unauthorised access to the data. |  |   |
| <b>Audit (Review procedure)</b><br>Competency checks and audits will be carried out at random intervals to ensure that every member of pharmacy staff delivering the Service is familiar and up to date with the procedure at all times.<br>This SOP will be reviewed at least every 2 years or following any critical incident.  |  |   |

**Staff signature** (To be signed by all those working within the SOP (including locums))

I have read and understood the implications of the SOP

| Name | Job role | Signature | Date |
|------|----------|-----------|------|
|      |          |           |      |
|      |          |           |      |
|      |          |           |      |
|      |          |           |      |
|      |          |           |      |

**Disclaimer:** This document is an example SOP. Pharmacies may adapt to suit local needs or alternatively develop their own. Each pharmacy is responsible for producing their own SOP which conforms to both the service specification and the usual processes within the pharmacy. Community Pharmacy West Yorkshire does not accept any responsibility for any errors or omissions within this document.