

# HEAD LICE AND SCABIES

## PRACTICE GUIDELINE®

### DOCUMENT SUMMARY/KEY POINTS

- All shampoos or lotions used in the treatment of head lice and scabies must be prescribed in the patient's medication chart prior to use.
- Instructions for Mechanical removal method included
- Personal Protective Equipment (PPE) is to be worn by staff when administering or applying treatment.
- Follow the manufacturer's instructions when using medicated creams and lotions.
- Hospital linen is to be handled in the usual manner and a linen skip is to be placed near the patient bedside for ease of containment of affected linen.

### CHANGE SUMMARY

- Document due for mandatory review.
- Treatment to be managed according to Australian Therapeutic Guidelines
- **10/08/21:** Minor review. Deleted Banlice mousse (from table on pg2) for treatment of head lice as it is being discontinued by manufacturer.

### READ ACKNOWLEDGEMENT

- Ward clinical staff (nursing and medical officers) need to read this document

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedures and Guidelines Committee	
<b>Date Effective:</b>	1 <sup>st</sup> March 2021	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	CNC	<b>Area/Dept:</b> Infection Prevention & Control

## Treatment of Head Lice

### General principles for Chemical removal method

Head lice should be managed according to the Australian electronic Therapeutic Guidelines, current edition (e.g. <https://tgldcdp.tg.org.au.acs.hcn.com.au/viewTopic?topicfile=insects-mites>). Considering different products are approved for different ages, please refer to the table below to further guide the appropriate treatment. Advice can be sought from the infectious diseases and/or microbiology service regarding the best method of confirming the diagnosis and the most appropriate treatment.

Active ingredient	Brand	Mode of Action	Age	Application time	Frequency
Maldison (Malathion) 0.5%	KP24 lotion	neurotoxic insecticide	>6 months	lotion, 12 hours	repeat treatment in 7 days
Maldison (Malathion) 1%	KP24 foam	neurotoxic insecticide	>6 months	foam, 30 minutes	
pyrethrins/piperonyl butoxide*	Paralice	neurotoxic insecticide	all ages	aerosol spray, 30 minutes	
	Pyrenel			foam, 10 minutes	

\*preferred in pregnancy

### General principles for Mechanical Removal Method

Taken from <https://www.health.nsw.gov.au/environment/headlice/Pages/treatment.aspx>

#### What you need for this method

- Normal comb to detangle hair prior to using metal lice comb
- Fine toothed metal lice comb (available from your local chemist or online)
- Conditioner - buy a cheap brand as you will be needing a lot of it, and preferably one that is white to make spotting the lice easier
- White paper towel

Mechanical removal involves applying conditioner to dry hair. Cover all of the hair with conditioner, detangle hair with normal comb and separate into sections. Then, using a fine long toothed metal lice comb, comb through the hair in sections. The conditioner does not kill lice but stuns them for about 20 minutes enabling easier removal. The long toothed metal comb will remove nits and the stunned head lice.

Wipe the comb on a white tissue and check for any lice or nits. Keep combing until no more appear on the tissue. This method should be done every second or third day until no nits and lice remain, usually about 7 to 10 days.

This method is the preferred way to detect and treat head lice because it is effective, does not contribute to insecticide resistance in head lice and also presents a low risk of skin irritation.

## Preliminary Requirements

- Patients with suspected or confirmed lice infestation should be managed with [Contact Precautions](#).
- Patients should be placed in a single room in any ward suitable for that patient until the completion of the second treatment with an appropriate pediculicide.
- Prior to using the prescribed shampoo/ lotion, read the manufacturer's instructions.
- Repeat treatment in 7 days.
- STAFF NOTE: Pregnant or lactating women and people with sensitive skin should take precautions to minimise exposure to any shampoos or lotions used in treatment.
- Personal Protective Equipment (PPE) (e.g. gloves, gown / apron and hair covering) should be worn whilst carrying out the treatment. Alternatively the patient, if able, may carry out the treatment under supervision.
- Linen used during the procedure must be placed in a linen bag. The linen skip is to be taken to the patient's bedside and the bag should be tied off when 3/4 filled.
  - Research suggests that bed linen, hats, clothing and furniture do not harbour or transmit lice or nits and that there is no benefit in washing them as a treatment option. Nits and lice only live on the human head. They quickly dehydrate and die if removed from the head
- Staff should inform Infection Prevention and Control of the index case and any suspected cross infection (ALL information received is kept confidential). After hours, staff should report to the Hospital CRMO at SCH and the After Hours Nurse Manager AHNM at CHW.
- It is recommended for all children be inspected for head lice on admission and the findings documented on the Nursing Admission notes.

## Treatment of Scabies

### General principles

Scabies should be managed according to the Australian electronic Therapeutic Guidelines, current edition (e.g. <https://tgldcdp.tg.org.au.acs.hcn.com.au/viewTopic?topicfile=insects-mites>). Advice can be sought from the infectious diseases and/or microbiology service regarding the best method of confirming the diagnosis and the most appropriate treatment.

Active ingredient	Brand	Age	Application time	Frequency
Permethrin 5%	Lyclear	>1 month*	cream, 8 hours**	repeat treatment in 7 day
Benzyl benzoate 25%	Ascabiol Benzemul	>6 months	Dilute to 3 parts water Lotion, 24 hours	
Sulfur 10% in white soft paraffin	compounded in pharmacy	0--6 months	Apply daily for 2-3 days	
Crotamiton 10%***	Eurax	0--6 months	Apply once daily for 2-3 days	

\*Not TGA approved for <6 months but recommended in Australian therapeutic guidelines.

\*\*increase to 24 hours if history of treatment failure

\*\*\*Not on formulary at SCHN but is available at community pharmacies as an unscheduled item

**Apply to dry skin from the neck down, paying particular attention to hands and genitalia. Apply under the nails using a nailbrush**

### 2<sup>nd</sup> line (treatment failure of above topicals):

- Ivermectin (Children 15kg or more): 200 microg/kg orally **ONCE** a week until scrapings from a burrow are negative and there is no further clinical evidence of infestation.

### Crusted scabies (Norwegian)

- Apply topical permethrin 5% EVERY SECOND DAY for 1 week then twice a week until cured.

#### **PLUS**

- Salicylic acid 5% to 10% in sorbolene cream **OR** Lactic acid 5% plus urea 10% in sorbolene cream) applied after washing on days when permethrin is not used. This reduces scaling.

#### **PLUS**

- Ivermectin (Children 15kg or more): 200 microg/kg orally depending on severity:
  - 3 dose regime: give day 1, 2, 8
  - 5 dose regime: give day 1, 2, 8, 9 and 15
  - 7 dose regime: give day 1, 2, 8, 9, 15, 22 and 29

## Preliminary Requirements

- Patients with suspected or confirmed scabies infestation should be managed with [Contact Precautions](#)
- Patients should be placed in a single room in any ward suitable for that patient until the completion of the second treatment with an appropriate scabicide.
- Prior to using the prescribed lotion, read the manufacturer's instructions for use.
- Personal Protective Equipment (PPE) (e.g. gloves, gown/apron) should be worn. Hair is to be tied back whilst assisting with treatment.
- Linen used during the procedure must be placed in a linen bag. The linen skip is to be taken to the patient's bedside. The bag should be tied off when 3/4 filled.
- Non-disposable equipment must be thoroughly washed and disinfected after use, as per the protocol for the piece of equipment.
- Staff should inform Infection Prevention and Control of the index case and any suspected cross infection (ALL information received is kept confidential). After hours, staff should report to the Hospital CRMO at SCH or the AHNM at CHW.
- All children should have their skin condition examined on admission and documented in the Nursing Admission notes.

## Related Documents

- NSW Ministry of Health Policy Directive PD2017\_013 "Infection Prevention and Control Policy" [https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2017\\_013](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2017_013)
- SCHN Infection Prevention & Control: Isolation and Transmission Based Precautions Practice Guideline-SCHN: <http://webapps.schn.health.nsw.gov.au/epolicy/policy/5445>
- NSW Ministry of Health Head Lice Treatment: <https://www.health.nsw.gov.au/environment/headlice/Pages/treatment.aspx>

## References

1. Center for Disease Control and Prevention. Parasites-Lice-Head Lice webpage. <http://www.cdc.gov/parasites/lice/head/treatment.html> (Accessed 07/11/2020).
2. Center for Disease Control and Prevention. Parasites – Scabies webpage. [http://www.cdc.gov/parasites/scabies/health\\_professionals/meds.html](http://www.cdc.gov/parasites/scabies/health_professionals/meds.html) (07/04/2020).
3. American Academy of Paediatrics. Scabies. *Red Book: 2018 Report of the Committee on Infectious Diseases*. 31<sup>st</sup> ed. Itasca, IL: American Academy of Paediatrics; 2018: 718-720
4. American Academy of Paediatrics. Pediculosis Capitis. *Red Book: 2018 Report of the Committee on Infectious Diseases*. 31<sup>st</sup> ed. Itasca, IL: American Academy of Paediatrics; 2018: 607-612
5. Australian electronic Therapeutic Guidelines, current edition <https://tgldcdp.tg.org.au.acs.hcn.com.au/viewTopic?topicfile=insects-mites> (accessed 30/11/2020)

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