Policy Statement
It is the responsibility of all staff to ensure that they consistently maintain a high standard of infection control practice.

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REFERENCES

1. HPS, National Infection Prevention and Control Manual

1.0 GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Organism</th>
<th>Patients infested with Lice do not frequently present in healthcare.</th>
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<tbody>
<tr>
<td></td>
<td>• Infestation by head lice (<em>Pediculus capitis</em>) occurs in hair,</td>
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<tr>
<td></td>
<td>eyebrows and eyelashes</td>
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<td>• Infestation by body lice (<em>Pediculus corporis</em>) is of the clothing,</td>
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<td></td>
<td>especially along the seams of inner surfaces</td>
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<td></td>
<td>• Pubic lice (<em>Phthirus pubis</em>) usually infest the pubic area,</td>
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<td></td>
<td>(rarely) facial hair (including eyelashes in heavy infestation),</td>
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<td></td>
<td>axillae and body surfaces</td>
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<td>• Infestation may result in severe itching and excoriation of the</td>
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<td></td>
<td>scalp or body. Secondary infection may lead to Lymphadenitis</td>
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<td>(especially cervical)</td>
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| Incubation period         | Up to 1 month depending on the life cycle stage of the lice (3     |
|                           |   stages - eggs, nymphs and adults).                                |

| Period of communicability | • As long as lice and eggs remain viable on the infested person    |
|                           |   or environment                                                   |
|                           |   - Lice can survive in the environment for up to 1 week           |
|                           |   - Eggs can survive in the environment for up to 1 month          |

| Individuals most at risk  | Any person can become infested.                                   |

| Informing the IPCT        | Only if clinical suspicion of an outbreak                        |

2.0 INFECTION CONTROL PRECAUTIONS FOR LICE

2.1 Standard Infection Control Precautions (SICPs)

Standard Infection Control Precautions (SICPs), Section 1 of the Health Protection Scotland (HPS) National Infection Prevention and Control Manual, must be used by all staff, in all care settings, at all times, for all patients whether infection is known to be present or not to ensure the safety of those being cared for, as well as staff and visitors in the care environment.

SICPs are the fundamental IPC measures necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources of infection.

Potential sources of infection include blood and other body fluids secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.
### 2.2 Transmission Based Precautions (TBPs)

TBPs are implemented in addition to SICPs to provide further protection when Lice infestation is known or suspected. TBPs are categorised by the route of transmission of the infectious agents (some infectious agents can be transmitted by more than one route). Lice infestation is cross transmitted via the contact route; therefore the following TBPs are required:

- **Contact precautions**
  Used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient’s immediate care environment (including care equipment). This is the most common route of cross-infection transmission.

| Patient Placement | • Patients with suspected/confirmed infection should be isolated in a single room with ensuite facilities and:
|                   | - The door should remain closed. If this is not possible, a risk assessment **must** be included in the nursing notes e.g. patient at risk of falls
|                   | - An isolation notice must be placed on the outside of the door
|                   | • Isolation can be discontinued 24 hours following completion of the appropriate treatment. Please note that some patients may require more than one treatment and care should be taken to ensure there is no further evidence of Lice before discontinuing TBPs

| Personal Protective Equipment | • Plastic aprons and disposable gloves should be worn when in direct contact with the patient or the patient’s immediate environment

| Hand Hygiene | Hands must be decontaminated as per your 5 moments for Hand Hygiene:
|              | 1. Before touching a patient
|              | 2. Before clean/aseptic procedure
|              | 3. After body fluid exposure risk
|              | 4. After touching a patient
|              | 5. After touching patient surroundings

| Patient Care Equipment | • Where available, use single use/single patient use equipment. All single use/single patient use equipment must be discarded as clinical waste
|                        | • Equipment should be kept to a minimum
|                        | • All shared or reusable equipment must be decontaminated between patients using a chlorine releasing agent e.g. Actichlor™ Plus 1 tablet in 1 litre of water (concentration = 1,000 parts per million (PPM)). Please refer to manufacturers' instructions for compatibility of product
|                        | • Communal facilities such as baths, bidets and showers should be cleaned and/or decontaminated between all patients
| Environmental cleaning by Hotel Services | - Enhanced routine cleaning of the patient’s accommodation with a chlorine releasing agent e.g. Actichlor™ Plus 1 tablet in 1 litre of water (concentration = 1,000 PPM), should be undertaken by hotel service staff until instructed otherwise (see Actichlor™ Plus General Environment Poster). It is the responsibility of nursing staff to ensure that domestic assistants are aware of this requirement  
- Following the removal of the patient, the room should have a terminal clean carried out prior to the next patient being admitted |
| Clinical Waste | All waste must be discarded as clinical waste. |
| Linen | - All linen should be discarded as infected i.e. placed in a water soluble bag then into a clear plastic bag and lastly into a red laundry bag  
- Labels should be attached to each red linen bag on sealing, clearly stating:  
  - Hospital of origin  
  - Ward or Department  
  - Date |
| Safe management of blood and body fluid spillages | Spillages must be decontaminated immediately with a chlorine releasing agent e.g. Actichlor™ Plus using the following dilutions:  
- Blood spillages (or bodily fluid with associated blood); 10 Actichlor™ Plus tablets in 1 litre of water (concentration = 10,000 PPM)  
- Body fluid spillages (with no associated blood); 1 Actichlor™ Plus tablet in 1 litre of water (concentration = 1,000 PPM). Remove spillage with disposable paper roll prior to applying a chlorine releasing agent to reduce the risk of chemical reaction |
| Occupational exposure | - Occupational exposure to Lice can be prevented by adhering to precautions outlined above  
- Contact the Occupational Health Department if you have any concerns regarding exposure to Lice or require information regarding your current immunisation status, if applicable |
| Respiratory Hygiene and Cough Etiquette | - No additional actions are required |
### Transferring Patients
- If possible, do not transfer patient until TBPss are no longer required
- Prior to transfer, staff must inform any receiving ward/department that the patient has a suspected/confirmed infection, as well as a history of specimens taken and Infection Prevention and Control precautions taken
- Prior to transfer, you must ensure the ward receiving the patient has suitable accommodation

### Specimens
Send specimens as clinically indicated (also refer to the [Laboratory Handbook](#)).

### Care After Death
A body bag is not required.

### Patient Clothing
Laundry going home, must be placed into a clear bag and then into a patient clothing bag. The [Washing Clothes at Home Information Leaflet](#) must be issued.

### Visitors
- Children should be advised not to visit
- Visitors should be advised to wash hands with soap and water on leaving the room and avoid close physical contact with the person and their belongings until the appropriate treatment and terminal clean are complete

### Documentation
Ensure that the patient is fully aware of their infectious status and that the provision of this information has been documented in the notes.

### Action to be taken
Patient confidentiality must be maintained at all times. Information concerning any infection must only be given to others on a need to know basis.

### Additional information
None.