**PURPOSE:**

Pediculosis, which is an infestation by lice (head lice - *Pediculus humans* *capitis*; body lice - *Pediculus humans corporis*; and crab lice - *Phthirius pubis*), is a common but minor problem in the community that is occasionally encountered among hospitalized patients.

The purpose of this policy is to establish guidelines for the management of patient infestation, to prevent transmission, and to minimize possible toxic side effects associated with overuse of pediculicide. Unnecessary treatment should be avoided. Since head lice is more prevalent, this policy and procedure will address the management of head lice. Note that lice do not swim, jump or fly with the main mode of transmission of head lice being direct contact with a person who is already infested.

**PROCEDURE:**

1. Obtain pediculicide order with nit comb from pharmacy.
2. Place patient on Contact Precautions. Perform hand hygiene, wear a gown, gloves, and bouffant.
3. Notify Infection Control at extension 15510. ICPs will initiate an event review and contact tracing and notify Public Health Nurse to evaluate school contacts, or group child care facilities if there are reasons to suspect a widespread outbreak in the community.
4. Use pediculocide from pharmacy and apply following manufacturer directions.
   1. Nursing staff to comb through patient’s hair using the nit comb from pharmacy to remove nits and lice following treatment with pediculocide.
   2. Continue combing through hair removing nits and checking for live lice **daily** for 7 days. Combs must be cleaned after each use by removing all hair, lice, and nits followed by wiping comb with a hospital approved disinfectant wipe.
   3. If live lice are still present after 7 days, reapply pediculicide. DO NOT reapply if only nits are present. Remove nits with the nit comb.
   4. Continue Contact Precautions until patient has been treated with effective therapy and hair has been thoroughly examined with no evidence of adult lice and nits seen 7 days after treatment. .
   5. Consult with Infectious Diseases for other treatment options if live lice are evident after two treatments with pediculicide and nit removal.
   6. If patient is discharged home prior to day 7 hair check, nursing staff must educate the parent or caregiver of the patient to conduct the recheck at home or follow up with their primary physician to perform the recheck.
5. Nursing staff will institute daily linen changes for the duration of isolation and notify Environmental Services to ensure all soiled linen is double-bagged and furniture including parent sleeping area is cleaned daily with hospital approved disinfectant.
6. Nursing staff should educate family and visitors on how to examine themselves for lice and to seek medical attention for treatment if they suspect lice.
7. Nursing staff should instruct parents to double bag and take home all patient belongings
   1. Change bed linen and launder in water 60 degrees C for 10 minutes.
8. Home cleaning instructions for patient’s personal belongings.
   1. Wash clothing in water 60 degrees C for 10 minutes or dry clean. If neither is an option, place clothing in a plastic bag, secure tightly and leave undisturbed for 10 days at room temperature.
   2. Patient's hair brushes/combs should be soaked in hot water for 30 minutes.
   3. Non-washable items (including stuffed toys) should be sealed in a leak-proof plastic bag and remain sealed for 10-14 days.
   4. Articles contaminated with body lice require storage for up to 30 days.
9. Notify Physical Therapy/Occupational Therapy supervisor, child life representative and/or school teacher if the patient has frequent contact with personnel from these departments.
10. Employees do not need to be treated unless actively infested with lice
    1. Infestation is not evident until 7-10 days after exposure.
    2. Application of pediculicide should be avoided, if evidence of infestation is not present.

**ATTACHMENTS:**

1. [IC – 308.1 Appendix A: LICE HCW Handout](https://secure.compliance360.com/ext/Rw7ZtDqmG-0v1_DJFaGo0g==)
2. [IC – 308.2 Head Lice Examination Procedure](https://secure.compliance360.com/ext/UDFOZhmgxTEKj6DgrXDScA==)

**REFERENCES:**

1. Hospital Epidemiology and Infection Control. CG Mayhall Edit. 2nd edition. p. 587-589. Lippincott, Wlliams and Wilkins. 1999
2. Benenson, Abram S., "Control of Communicable Diseases in Man, 17th Edition 2000, Am. Pub. Health Assoc, Washington, DC. P. 372-374.
3. APIC Text of Infection Control and Epidemiology. Chapter 99: Parasites, 2014.

**POLICY OWNER:**

*Manager, Infection Prevention and Control*