

**Pediculosis (Head Lice)**

(Excludes students with live lice only. Allows attendance of students with nits.)

Students found to have contracted head lice will be subject to the following procedures:

1. Suggested school measures for head lice control, as provided in “Health Services for the School Community” issued through the Oregon Department of Education will be followed;
2. Periodic student head lice checks are not recommended. Screening recommendations are as follows:
  - a. Criteria for screening an individual for lice are: persistent itching or scratching, known exposure to sibling or other close contact with head lice (e.g., seat mate in classroom, locker partners, overnight sleep activities, scouts, etc), self (student or parent) referral;
  - b. Three nonrelated cases of head lice in a classroom within 10 consecutive school days requires that all children in the classroom be screened by the following school day;
  - c. If there is infestation among three percent of the entire student population within 10 consecutive school days, there should be a screening of all students in the school within one week. Multiple cases from a single household count as one case for purposes of calculating the percent of students infested.
3. As provided by OAR 333-019-0015, students found to have contracted head lice will be immediately excluded from school at the discretion of the local school or health district. The presence of nits (lice eggs) only is not considered excludable;
4. Treatment information, district policy requirements and readmittance provisions will be provided to the parent. Parents will be advised to:
  - a. Use a lice-killing agent which their health-care provider, school nurse or local health authority recommends on all family members who demonstrate symptoms of infestation;
  - b. Follow the personal and household cleaning instructions provided by the district, health-care provider or local health authority, as appropriate;
  - c. Remove all nits after treatment.
5. Following treatment the student will be readmitted to school;
6. Parents must either accompany their student to school for readmittance or provide a signed statement that treatment has been initiated;
7. The student will be subject to screening by designated personnel to determine the treatment’s effectiveness. The student will be readmitted to school or denied admittance, as appropriate. The absence of nits is not required for readmittance. In the event the student is not readmitted to school because of the continued presence of live lice, parents will be notified;

8. Students readmitted will be subject to follow-up screening by designated personnel;
9. In the event additional assistance and/or information is needed regarding the treatment of the student, other family members, close contacts and the home environment (bedding, linens, grooming equipment, etc.), parents should contact their local health department;
10. Students with chronic head lice may be referred for follow-up to the district nurse consultant, health care provider, or local health department, as appropriate;
11. Parents who identify head lice on their students at home are to complete treatment prior to the readmission of their student, as required above. Parents are also encouraged to notify the school of their student's condition so that appropriate preventative measures may be implemented at school.

## Head Lice Control Guidelines for Staff

An Infestation of head lice can bring on a wide range of emotional response, ranging from embarrassment to guilt to rage. Parents and caregivers can experience from frustration that can lead to anger and blame, especially toward the school. For the school-aged child, an infestation with head lice can cause excessive school absenteeism. For their caregivers, it can cause lost time in the workplace and lost wages. Schools are also impacted by increased staff time spent in screening for head lice, calling parents, and other related matters that infringe on their usual duties.

Students with live lice should be immediately excluded from school. Although uncommon, transmission of live lice can occur between students at school. Parents must either accompany their student to school for readmittance or provide a signed statement that treatment has been initiated. It may be necessary to further exclude a student when they attempt to return to school if live lice remain present.

All checks for head lice shall be done in a confidential manner, to respect the student's right to privacy and, to the extent possible, to avoid embarrassment. All excluded students will be checked prior to re-admission to school.

The following statements are guidelines for readmission to school:

1. Students with nits only should not be excluded from school but rechecked in 7 and 14 days for the presence of live lice.
2. Students with live lice will be excluded from school again, but are able to return to school the next after treatment is repeated.
  - a. Students will be rechecked at 7 and 14 days. If live lice are present, the student will be excluded from school again.
  - b. After 14 days, if live lice remain present. The district nurse consultant will be notified. The district nurse consultant will contact the parent by phone to offer assistance with treatment and prevention.

## Letter to Parents about Head Lice Infestation and Treatment

Dear Parents/Guardian:

In a screening examination at school today, your student \_\_\_\_\_ was found to have live head lice. Getting head lice is not everything you may think it is. They DO NOT transmit disease or cause permanent problems. It is not a sign of poor health habits or being dirty. It does not happen only to the poor. Head lice can occur at any age and to either sex. However, to prevent possible spread in the school, your student must be treated at once. You may wish to consult your doctor or follow the recommendations given below. **Parents must either accompany their student to school for re-admittance or provide a signed statement that treatment has been initiated. Your student will be rechecked. If the treatment was not satisfactory, he/she will not be readmitted to school. Satisfactory treatment means that there are no visible live lice in the hair.**

### What are head lice?

Head lice are tiny insects that live, feed, and breed only on the human head. They do not live on animals or birds and cannot survive for more than 48 hour off the head. They hatch from small eggs called nits which are glued tightly to the base of individual hairs. The eggs hatch in about two weeks. The female louse can live for 20-30 days on the head and can lay as many as six eggs per day. **They should be treated promptly.**

### How does someone get head lice?

Head lice are spread by direct head to head contact mostly. They do not hop or fly. Other forms of transmission are through sharing hairbrushes, combs, barrettes, hats, scarves, towels, helmets, etc. Stuffed animals or cloth toys and hanging clothes together on coat hooks can also spread head lice.

### What signs should I look for?

Persistent itching or scratching of the head and back of the neck can indicate head lice. You should also look for infected scratch marks or a rash on the scalp. Most important of all, look for live lice which are tiny, crawling bugs the size of a sesame seed. Also, look for nits which are tiny lice eggs, the size of a poppy seed, glued to the hairs within 1/4 inch (approximately the width of your pinky finger) of the scalp. They do not flake off like dandruff. These can be seen with the naked eye. Nits that are found on the hair shaft further than 1/4 inch from the scalp have already hatched out. Sometimes there may be no symptoms at all.

### How do I get rid of head lice?

You can go to your doctor and obtain a prescription for a lice killing shampoo or creme rinse. You can also go to the pharmacy to get these over the counter medications to treat your child. While still wet, comb hair completely and divide into small sections. Remove lice and nits with a metal lice comb so they can't re-infest you and your family. Sometimes the treatment does not work. No lice killing agent is 100 percent effective.

### **How Do I treat the household?**

1. Wash with hot water any bed linens, recently worn clothes and stuffed toys.
2. Dry on hot setting for 20 minutes.
3. Vacuum rugs, furniture, mattresses, cars, etc.
4. Dry clean unwashables OR put in a sealed, plastic bag for two weeks, in a freezer for 48 hours, or in a hot dryer for 30 minutes.
5. Wash all combs and brushes in hot soapy water.
6. Lice sprays are NOT recommended.

### **For 1-7 days after treatment:**

1. Vacuum furniture and floors daily
2. Itching may still be present after successful treatment.
3. If **some** live lice are still found 8-12 hours after treatment, but are moving more slowly than before, do not retreat.
4. Recheck the head of each affected person daily.
5. If **not dead** lice are found 8-12 hours after treatment and lice seem as active as before, the medicine may not be working. Call your health care provider.
6. Check the heads of family members for lice or nits every 2-3 days.
7. After seven days, repeat treatment.

### **For 2-3 weeks, keep checking heads daily for lice and nits. Get rid of all nits!**

### **How do I prevent head lice infestation?**

1. Teach children how to avoid head lice. Lice are passed through head-to-head contact.
2. DO NOT share combs, brushes, hats, helmets, jackets, or ear phones.
3. DO NOT share beds and personal items at home during the infestation period.
4. Check your child's head every week as part of routine hygiene.
5. Check your child daily for nits and lice if there has been a recent outbreak.

### **DO NOT:**

1. Use kerosene, gasoline, or animal pesticides.
2. Use lice killing products more often than recommended.
3. Use extra amounts of lice medications unless instructed. They can be dangerous when overused.
4. Mix head lice medications.
5. Use flea bombs or lice sprays.
6. Shave heads.
7. Treat pets.
8. Treat children under two years of age.