

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 Oregon Administrative Rule (OAR) 333-019-0010, students found to have contracted head lice will be 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. Staff will maintain the privacy of students identified as being infected with head lice;
5. 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.
6. Following treatment the student will be readmitted to school;
7. An adult must accompany the student to school for readmittance;
8. 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 asked to take the student home and retreat and/or remove any live lice;

9. Students readmitted will be subject to follow-up screening by designated personnel;
10. 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 (e.g., bedding, linens, grooming equipment, etc.), parents should contact their local health department;
11. Students with chronic head lice may be referred for follow-up to the school's nurse or local health department, as appropriate;
12. 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.

Note: The most common means of transmission is through physical/direct (head to head) contact. Indirect transmission is uncommon but may occur from shared combs, brushes, hats, and hair accessories that have been in contact with an infested person. Presence of nits does not indicate active infestation and no evidence is found that presence of nits correlates with any disease process (Scott, Gilmer, Johannessen, 2004). Other studies show that lice are not highly transferable in the school setting (Hootman, 2002) and not outbreaks of lice resulted when allowing children with nits to remain in class (Scott, Gilmer & Johannessen, 2004).