

OSBA Model Sample Policy

Code: JHCCF-AR
Revised/Reviewed:

D

Pediculosis (Head Lice)

(Version 1)

(Delete. OSBA no longer recommends and AR to accompany JHCCF.)

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

1. Suggested school measures for head lice control, as provided in *Communicable Disease*¹ issued through the Oregon Department of Education;
2. Periodic head lice checks of students are not recommended; however, screening recommendations are as follows:
 - a. [Criteria for screening an individual for lice are:
 - (1) Persistent itching or scratching;
 - (2) Known exposure to sibling or other close contact with head lice (e.g., seat mate in classroom, locker partners, overnight sleep activities, scouts, etc.); or
 - (3) Self (student or parent) referral.
 - b. Three nonrelated cases of head lice in a classroom within 10 consecutive school days requires that all students 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. Students found to have contracted head lice will be excluded from school (Oregon Administrative Rule (OAR) 333-019-0010);
4. Treatment information, district policy requirements and admittance provisions will be provided to the parent. A parent will be advised to:
 - a. Use a lice-killing agent that a health care provider, school nurse or local health authority has recommended on all family members who have symptoms of infestation;
 - b. Follow the personal and household cleaning instructions provided by the district, health care provider or local health authority, as appropriate; and
 - c. Remove all nits after treatment.
5. Following treatment, the student may be readmitted to school. A parent must either accompany the student to school for admittance or provide a signed statement that treatment has been initiated;

¹ <http://www.oregon.gov/ode/students-and-family/healthsafety/Documents/commmdisease.pdf>

6. 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 live lice or nits is required for admittance. In the event the student is not readmitted to school, parents will be notified;
7. A student who has been readmitted to school will be subject to follow-up screening by designated personnel;
8. The parent should contact the local health department 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.);
9. A student with chronic head lice may be referred for follow-up to the school's nurse or local health department, as appropriate;
10. A parent who identifies head lice on their student(s) at home should complete treatment prior to the readmission of the student, as required above. A parent is also encouraged to notify the school of the student's condition so that appropriate preventative measures may be implemented at school.

OSBA Model Sample Policy

Code: JHCCF-AR
Revised/Reviewed:

Pediculosis (Head Lice)

(Version 2)

(Delete. OSBA no longer recommends and AR to accompany JHCCF.)

Suggested school measures for head lice control, as provided in *Communicable Disease*¹ issued through the Oregon Department of Education will be followed.

1. Periodic head lice checks of students are not recommended; however, screening recommendations are as follows:
 - a. Criteria for screening an individual for lice are:
 - (1) Persistent itching or scratching;
 - (2) Known exposure to sibling or other close contact with head lice (e.g., seat mate in classroom, locker partners, overnight sleep activities, scouts, etc.); or
 - (3) Self (student or parent) referral.
 - b. Three nonrelated cases of head lice in a classroom within 10 consecutive school days requires that all students 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 percentage of students infested.
2. Treatment information, district policy requirements and admittance provisions will be provided to a parent. A parent will be advised to:
 - a. Use a lice-killing agent that a health care provider, school nurse or local health authority has recommended on all family members who demonstrate symptoms of infestation; and
 - b. Follow the personal and household cleaning instructions provided by the district, health care provider or local health authority, as appropriate.
3. Following treatment, the student may be readmitted to school. A parent must either accompany the student to school for admittance or provide a signed statement that treatment has been initiated.
4. 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.
5. A student who has been readmitted to school will be subject to follow-up screening by designated personnel.

¹ <http://www.oregon.gov/ode/students-and-family/healthsafety/Documents/commdisease.pdf>

6. The parent should contact the local health department 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.).
7. A student with chronic head lice may be referred for follow-up to the school's nurse or local health department, as appropriate.
8. A parent who identifies head lice on a student(s) at home should complete treatment prior to the readmission of the student, as required above. A parent is also encouraged to notify the school of the student's condition so that appropriate preventative measures may be implemented at school.