**Policy**

## This Scabies Exposure Control plan will be followed in the event there is a diagnosed scabies case in the facility.

# **Procedure**

*Employee Restrictions*

1. Employees with known scabies diagnosis within their immediate family or contacts will not return to work until 24 hours after initiation of effective therapy.
2. Caregivers who have had direct skin-to-skin contact with infested residents but have no symptoms, should be treated to prevent future recurrence of outbreaks.
3. Infested caregivers and family contacts should also be considered as candidates for treatment.
4. The medical director will determine whether treatment of personnel or family contacts is necessary and will authorize prescriptions to be filled by the facility pharmacy.
5. The facility will provide employees and possible family contacts with permethin, lindane, or other effective treatment. The Director of Nursing and the Administrator will coordinate the distribution of the treatment medication or lotion. Those employees with direct contact with residents who have been diagnosed with scabies will be first to receive treatment.

*Diagnosis of Scabies*

1. Under the Policy for Definition of Infections, scabies requires the presence of a maculopapular or itching rash and physician diagnosis or lab confirmation. A confirmed diagnosis must be present.
2. Scabies is an infestation with the mite, Sarcoptes scabiei var. hominus.
3. Diagnosis in the elderly patient may be overlooked due to the resident’s confusion and/or to the prevalence of dry, frequently pruritic skin.
4. Good, ongoing visual assessment by caregivers during personal care is important in diagnosing scabies in the early stages.
5. Clinical signs of the disease may include tiny vesicles where the mite has penetrated the skin and tiny linear burrows, which contain the mites and their eggs.
6. By using a magnifying glass, the adult female mite may be seen as a grayish dot at the far end of the burrow.
7. The burrow may be seen by applying ink to the skin and then washing it off. The ink stain is left in the borrow track.
8. Applying mineral oil before scraping the skin facilities specimen collection.
9. Lesions are usually seen between the fingers, on the anterior surfaces of the wrists and elbows, axilla, belt line, abdomen, and thighs.
10. Lesions may be spread over all body area if resident is confined to bed much of the time.
11. Itching may be intense, especially at night; it may not start until 2 to 6 weeks after infestation.
12. Norwegian scabies (atypical or crusted scabies) is more common in the institutionalized elderly and debilitated.
13. There is a larger number of mites and occasionally a total absence of itching.
14. Because a large number of mites inhabit the sloughed skin scales, it is highly contagious with even casual contact.
15. In the elderly, infestation often results in a generalized dermatitis, sometimes with extensive scaling and crusting.
16. Excessive scratching can lead to bacterial infection of the irritated skin. Secondary skin infections often obscure the rash of scabies, which make correct diagnosis difficult.

*Precautions Procedure*

1. The infection control nurse or designee will perform a weekly skin check of all residents with a known history of scabies.
2. All nurses and nursing assistance working in the licensed areas will be trained on the symptoms and appearance of a Scabies rash.
3. Nursing staff will monitor all residents while delivering personal care and focus on the areas most commonly affected.
	1. The presence of scabies mites is often indicated by tunnel-like lines of skin eruptions or bumps where female mites have burrowed under the skin to live and lay their eggs.
	2. The most typical symptom of scabies is intense itching, particularly at night. Scabies and its associated itching occur most often between the folds of the skin, such as at the wrists and elbows, between the fingers, and in the general area of the navel and beltline.
4. Since Scabies can imitate many other skin conditions, such as insect bites, hives, eczema, folliculitis, contact or atopic dermatitis, impetigo, rosacea, psoriasis, and drug reactions:
	1. All residents with intensely itchy, crusted, maculopapular, rashes that, despite treatment, persist, more than 5 days will be referred to a dermatologist or attending physician for diagnostic testing for Scabies.
	2. The facility will follow all resulting orders.

*Initial Contact Precautions and Treatment*

1. When a confirmed case of scabies is diagnosed, nurse must contact the following individuals immediately so that treatment plans can be initiated.
2. Infection Control Nurse
3. Director of Nursing
4. Administrator

*Contact Precautions and Treatment*

1. Residents with physician diagnosed scabies will be placed under Contact Precautions until 24 hours after initiation of effective therapy.
2. Confine resident to his/her room during the treatment period.
3. Masks are not necessary.
4. Long-sleeved isolation gowns and gloves should be worn for close contact with the resident, his/her clothing, or bed linens. Only aides working in the area where the diagnosed case is need to gown. Gowns need to be worn to prevent skin-to-skin contact.
5. Resident should be bathed, scabicide treatment applied from neck down unless there is a contraindication then the physician must be consulted.
6. Roommate of the diagnosed resident should also be bathed and scabicide treatment should be applied as well even if roommate is asymptomatic unless there is a contraindication then the physician must be consulted.
7. Staff member doing the shower and treatment should immediately treat himself/herself with the lindane lotion provided by the facility unless there is a contraindication then the physician must be consulted.
8. All recently worn clothing, sheets, bedding, and towels should be washed in hot water (over 122F) or dry cleaned within 24 hours after treatment. Nursing assistants, under the direction of the infection control nurse, will pack the clothing, sheets, bedding, and towels in water-soluble bags. Enough clothing for three days should be removed from the closet and washed as well. Only washable items should be sent to the laundry. Dry clean only items will be sent to a local cleaner under the coordination of the infection control nurse.
9. All other clothing is to remain in the closet or the drawers. Closets and drawers will be taped shut for the next four days. Mites need a living host to survive and restricting contact with the clothing and thus human contact should be enough to kill the mites.
10. Clean clothing of the residents will be kept in the clean linen room on the hall where the resident is located.
11. Privacy curtain needs to be removed and placed in a water-soluble bag by housekeeping staff and washed in hot water (over 122F) by the laundry staff.
12. All brushes and combs should be washed with hot water.
13. The bed and the mattress need to be cleaned with hot soapy water.
14. Bag stuffed animals or other similar belongings for 3-4 days and store in the dirty linen room. Make sure all items are marked with the name of the resident.
15. Infection control nurse will use bedding spray for chairs and other items in the resident’s room. The bedding spray can be purchased at a local pharmacy. Administrator and infection control nurse will make sure enough spray is available.
16. Housekeeping should vacuum the carpet but shampooing is not necessary.
17. Nursing office staff should help coordinate the treatment and cleaning of resident’s room.
18. After 8-24 hours (depending on the product used), the treatment product should be washed off thoroughly.
19. Contact precautions can be discontinued 24 hours after effective treatment has been initiated.
20. A single re-treatment after 1 week should be given if there is no clinical improvement. Additional weekly treatments are only warranted if live mites are found.
21. Ideal time to treat residents would be between 1st and 2nd shift.
22. If another resident on the same card but in a different room is symptomatic, all residents on that card will be treated.
23. Treatment process should be completed within a 24-hour period in order to rid the facility of scabies.

*Pets*

1. Infection control nurse will decide if pets are allowed in the facility. Signs will be posted if pets are not allowed in the facility for any given period of time.

*Communication to Other Facilities*

1. When transferring a resident to another facility, inform the facility of any known or suspected scabies in the resident or in the facility.

*Outbreak Investigation and Control*

1. One case of diagnosed scabies in the facility is considered to be an outbreak and the following steps will be taken to control the situation.
2. Assure adequate treatment of diagnosed cases with permethrin, lindane or other effective treatment.
3. Search for other cases in the facility and among staff.
4. Educate staff members, family members, and visitors on signs and symptoms and method of transmission of scabies.
5. Visitors should be restricted in some cases or educated in prevention.
6. Control of a scabies epidemic is achieved by treatment of the entire population at risk, whether or not symptomatic over the same 24-48 hour period.
7. Contact your local health department for advice and assistance in controlling a serious scabies outbreak.
8. Use Scabies Fact Sheets from the Ohio Department of Health.

*Documentation*

1. Document all steps taken.
2. Save copies of educational materials used, notices provided to staff, family and visitors.

*Quality Improvement Opportunities*

1. Review steps taken at the Health Center’s Performance Improvement Committee Meeting.
2. Document decisions for improvement.